California Violence Against Women Act Services*Training*Officers*Prosecutors*Program Service Priority Study 2007

Submitted to

State of California, Governor's Office of Emergency Services

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OES Service Priority Study Report

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Section I

Executive Summary

This service priority study was undertaken to collect data that will support the development of the three year Violence Against Women Act (VAWA) Services*Training*Officers*Prosecutors* (STOP) Program Implementation Plan for funding in California. The Plan will provide guidance for the use of STOP funding to enhance services to survivors of sexual assault (SA), domestic violence (DV) dating violence and stalking. The study includes data from the VAWA Implementation Plan Committee 2006 meeting, literature reviews, a service providers survey, and two group meetings of service providers. The following summarizes the major findings of this study.

A. Populations (Women) in Need and Emerging Issues

1. **Underserved Populations**
   - *Undocumented immigrants, people with mental health needs, incarcerated survivors, people with disabilities, and people with substance abuse concerns* are the most underserved (e.g., insufficient services and funding) groups according to the findings of the service providers survey. Teens and ethnic and cultural minorities are significantly underserved but relatively, they are not considered as very significantly underserved.
   - Current literature support the assertion that *immigrants, people with mental health needs, and teens* are the most underserved groups. Cultural competency and program design are noted as the major barriers that contribute to these groups as being underserved.
   - *Older adults, women in military, lesbian gay bisexual transgender (LGBT), and immigrant women* are noted as the underserved populations by service providers. These groups, however, have not been the focus of the publication media such as books and journals.
   - Overall, focus group findings highlight the need to address populations that continue to remain invisible to providers, communities and funding sources. The *LGBT community, undocumented immigrants, incarcerated survivors, ethnic and cultural groups, persons with disabilities, victims of human and sex trafficking, teens, and people with mental health needs* were identified as being in need of outreach, education and accessible services.
2. **Needs Unmet Populations**.
   - *Undocumented immigrants, ethnic or cultural minorities, people with mental health needs, older adults, and women in rural areas* are the top groups whose needs are unmet (e.g., needs not being addressed by services and funding).
3. **Emerging Areas of Concerns.**
   - *Cyber stalking, teen dating and women in the military* are emerging areas of concern for service providers.

B. Program Success and Best Practice

4. **Program Characteristics.**

- Most VAWA providers believe they are providing *client-centered and culturally competent services* that are fiscally and programmatically sound.

5. **Best Practices.**
   - *Client-Centered and Personal Approaches, Culturally Competent Practice,* and *Case Management* that emphasize *individualized, non-judgmental approaches* with a focus on *safety* are found to be "best practices" among respondents.

C. Funding Focuses and Issues

6. **Funding Focuses.**
   - *Direct service, education and outreach as well as legal services* are rated to be the areas that need VAWA funding emphasis.

7. **Barriers for Program Success.**
   - *Insufficient funding, inadequate pay, reporting requirements, and staff turn over* are cited as the major barriers for program success.

8. **Funding Needs.**
   - The need for increased *funding* emerged as the resounding theme of the narrative responses. Funds are need to: hire professional staff, serve the needs of immigrant and trafficked women, and address the issues of financial dependence and employment needs of victims.

D. Programmatic Improvements and Considerations

9. **Modifications.**
   - Providing *technical assistance and streamlining program reporting* are areas that would facilitate program success.

10. **Factors for Program Success.**
    - Factors for success are *Quality of Staff, Collaboration, Training and Technical Assistance*, *Positive Characteristics of Programs,* and *Organizational Support*.

11. **Collaboration among Providers.**
    - While almost half of the respondents believe the amount of *collaboration* is about right, equal numbers of respondents believe more collaboration is needed.

12. **Challenges.**
    - *Inadequate budget, clients' fear of the justice and service systems, and staffing related issues* are the major challenges for programs.

13. **Technical Assistance, Service Access, Outreach, and Planning.**
    - Nominal group participants emphasized the importance of *capacity building through technical assistance*. More support and assistance to the service recipients to *navigate and access the legal and service systems* are greatly needed. Participants emphasized the desire for *increased ability to provide outreach* to the identified underserved population through effective community based programs and collaboration among agencies. *Collective planning and coordinated approaches* should also be considered.

Section II

Background

A. **Description of Tasks**

California Governor's Office of Emergency Services (OES)
Violence Against Women Act (VAWA)
Service* Training* Officers* Prosecutors* (STOP) Programs

Service Priority Study

This service priority study is a project for the State of California, Governor's Office of Emergency Services (OES), Law Enforcement and Victim Service Division (LEVSD), the Violence Against Women Act (VAWA) Service* Training* Officers* Prosecutors* (STOP) program. Its purpose is to collect data that could inform the development of the STOP program Implementation Plan for the VAWA funding for California in the next three years.

Description of Tasks:

This service priority study was conducted by two faculty members of California State University, Sacramento (CSUS) and their graduate assistants with the cooperation and consultation from the LEVSD and service providers. The study took place during Fall 2006 and Spring 2007. Originally, it included four (4) main components and later on a fifth (5) component, a service priority group discussion, was added.

A. *Secondary Data Analysis of Recommendations and Comments from the Implementation Plan Committee June 2006 Meeting (09/2006-10/2006)*
- Based on the recording provided by the meeting facilitator for the OES Implementation Plan Committee two day meeting on June 22-23, 2006.
- Five (5) readers independently reviewed, summarized, and compiled the committee's discussions. Through group discussions, these reviewers organized a combined summary of the recommendations and findings from that Implementation Plan Committee meeting.
- Results from this analysis formed the foundation and framework for the design of the subsequent study activities.

B. *Literature Review and Summary (09/06-12/06)*
- Literature review of current research and sample practices through library and web searches (Fall 2006).
- A "literature review matrix" (see III B) was developed to organize and capture the latest professional and academic knowledge available in academic as well as practice oriented media. They included the following:
  o Academic writing, i.e., master's theses, doctoral dissertations, and academic journals (mostly in the last 5 years).
  o Practice research, i.e., agency's research disseminated through printed media or on the web, public reports, and newspaper reports.

C. *Service Providers Survey Using Web-based Questionnaire (02/2007)*
- Results from the preliminary literature review and analysis of CA VAWA Implementation Plan Committee recommendations guided the contents of this survey. It consisted of mostly close-ended items, supplemented with open-ended items. The whole survey had 20 items and took about 15 minutes to complete.
- This web-based survey was distributed to both grantees and non-grantees. OES sent out a notice to the current grantees to inform them about the legitimacy and purpose of the survey. The survey was sent out along with a cover letter/e-mail from the researchers through the university e-mail server. The survey web page was hosted by CSUS.
- This survey employed the convenient sampling method to reach potential respondents. LEVSD provided the contact information for grantees. The snow-ball strategy was also used to ensure the inclusion of difficult-to-reach respondents or under-represented populations. Phone interviews or mailed questionnaire options were offered to respondents who were not web-users.
- A month after the first e-mail/contact a second e-mail/contact was sent out to remind respondents about the survey. (03/2007).

D. *Key Informants/Experts Focus Group meeting (06/05/2007)*
- About (12) service providers or volunteers who have expertise or unique knowledge and interest in services to women and victims of violence were invited to a focus group meeting to comment on the survey findings (March 2007).
- The focus group meeting took place in Sacramento on the morning of June 5th, 2007 with 9 participants representing various service providers.

E. *Service Priority Discussions (06/05/2007)*
- Participants who came to the focus group meeting were also invited to participate in the afternoon Service Priority Group discussion. A nominal group process was used to organize and gather inputs based on the findings of the Service Provider Survey.

Section III

Methodologies and Findings

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The original CA VAWA Implementation Plan Committee June 22nd and 23rd 2006 Meeting Report (Appendix A) was distributed to five individuals related to this project for independent reviews to identify common themes and patterns. These reviewers were: Lazandra Dial, Senior Criminal Justice Specialist, OES, Lanette Robles, graduate student, CSUS, Hazel Aldax, graduate student, CSUS, Chrystal Barranti, Associate Professor, CSUS, and Francis Yuen, Professor, CSUS. Independent review results were organized and discussed in a group review process on 08/16/2006 by the same reviewers. The following five themes or areas of concerns were identified.

Area I. (Unmet Needs and Under-Served Populations) There are many service gaps and unmet service needs in a variety of areas. Of particular concern are the under-served and un-served populations, i.e., ethnic and cultural minorities, elderly, persons with disabilities, LGBT, teens, sex industry workers, and victims of new types of crime such as cyber stalking and violence on cruise ships. There are also concerns regarding crimes in prison and in other public and government owned facilities.

Area II. (Continuum of Coordinated Services) It is desirable to have a continuum of coordinated services among service providers for the victims. The aim is to have a coordinated system of care that is client-centered and comprehensive. Clients will be suitably served and not be "dropped" during the transition from one agency to another.

Area III. (Systemic Enhancement) Systemic enhancement for service improvement. This includes issues such as ensuring accountability of service and sustainability of programs, preserving institutional knowledge, developing leadership, increasing interdisciplinary collaboration, making good use of service evaluation and feedback, improving funding mechanism, and addressing the concerns of staffing (recruitment, training, retention, and burn-out).

Area IV. (Statistics and Outcomes) Use of Statistics and Demonstration of Outcomes. Use of program evaluation, research and studies, feedback from communities and other approaches to improve services and to assess the extent of success, identify needs, and plan services.

Area V. (Physical and Cultural Accessibility) Accessibility. This includes both physical and cultural accessibility. Develop culturally competent and linguistically specific materials and services for clients of various backgrounds. Specifically mentioned are the ethnic minorities (e.g., API, Hispanic, and Native Americans), people with disabilities, and other undocumented victims. Lack of available services also contributes to the problem of service accessibility.

This summary of the meeting notes served as a foundation and framework for the review of current researches and sample practices. This was also used to guide the development of the service providers' survey through the Internet.

<div align="center">**B. Review of Literature**</div>

Literature Review Approach

From the 5 areas of concern first drawn from the Implementation Plan Committee meeting, this literature review aimed to highlight the current knowledge on violence against women, preferred or sample practice approaches, and areas for improvement. While the review was nation-wide in scope, it focused on materials related to the State of California.

The review centered on two main sources of information: recent academic writing and practice research findings. Academic writings included theses, dissertations, as well as articles from academic journals (mostly in the last five years) from the related disciplines. Practice research and publications included research findings from agencies or organizations, public reports, and newspaper reports. Many of these current information sources were practice or policy oriented and they may not have been available in academic publications. Some of them were locally circulated or posted on the web.

The review was also directed by the three guiding questions:
1. What do we know about violence against women, i.e., domestic violence, sexual assault, and stalking?
2. What practice approaches have been recommended, proven to be the most effective, or the best practices?
3. What are our current knowledge and service gaps?

Literature Review Matrix

Specifically, the literature review originally attempted to cover the five areas of concerns identified by the Implementation Plan Committee. The following "Literature Review Matrix" was designed to set the framework for the review of relevant literature within the focuses of this study.

The matrix has five areas of concern and three major questions. Together, they helped guide the structure and the focus (i.e., #1, 2, 3, 4, etc.) for the literature review.
   A. Five (5) Areas of Concern
   - Unmet needs and underserved populations (1)
   - Continuum of coordinated services (2)
   - Systemic enhancement (3)
   - Statistics and outcomes (4)
   - Physical and cultural accessibility (5)
   B. Major Questions
   - What does the literature say? (Current knowledge) (6)
   - What works? (Current/Sample Practices) (7)
   - What is needed? (Gaps and needs identified) (8)

Table 1: OES-Service Priority Study 2007 Literature Review Matrix.

	Area	Current Knowledge	Current Practice and Sample Practice	Gaps and Needs Identified, #
	Unmet-needs and Under-Served Populations	• Who are they (populations & needs)? • What do we know about them? • To what extent are they under-served or un-served?	• What is being done? • What is being recommended? • What do we need to develop to address the under/un-served populations?	**1**
	Continuum of Coordinated Services	• What are the problems? • What is client-centered system of care? • Who are the collaborators?	• What can be done to develop this continuum? • How could collaboration among providers be improved?	**2**
	Systemic Enhancement for Service Improvement	• What are the main issues? • How could the system be enhanced?	• What has been done to address concerns such as accountability, organizational and staff development, staffing, evaluation, and TA?	**3**
	Statistics and Outcomes	• What about accountability, record keeping, feedback, crime statistics, and demonstrated outcomes? • What are the barriers? • What has been successful?	• What is being done to monitor progress and to improve services? • What is being required?	**4**
	Physical and Cultural Accessibility	• Who are the hard-to-reach populations? • What services are available to them? What are the barriers? • Accessibility, acculturation, appropriateness issues. Language and culture.	• What out-reach activities are used? • What is recommended? • Are they effective?	**5**
		6	**7**	**8**
Program Purpose Areas				
Overall Summary 9				

Summary of Literature Review Findings

The resulting literature review is attached in Appendix B. This literature review reveals that the most common concerns could be best summarized by distilling the original five areas of concern down into three: *Underserved and Unmet Populations Systemic Enhancement for Service Improvement*, and *Physical and Cultural Accessibility.* Part One of the literature review addresses Area I: Unment Needs and Underserved Populations, Part Two discusses Area III Systemic Enhancement for Service Improvement and Part Three addresses Area V Physical and Cultural Accessibility.

  Part One: Area I Unmet Needs and Underserved Populations
- Eight populations were explored and issues related to current knowledge, current and sample practice as well as identified gaps and needs were addressed. The eight populations included: Asian and Pacific Islander (API) Women, Native American women, women living in rural areas, women with disabilities, victims of sex trafficking, incarcerated women, adolescents, and older adults.
- The exclusion by the literature of several key populations such as Lesbian, Gay, Bisexual and Transgender persons and Mexican Immigrant women, and women of Middle-Eastern cultures is a significant indicator of the important need for further research such as that sponsored by this project. In addition, the inability to address all the populations of need in this literature review may be considered a limitation of this work.
- Perceptions of marital conflict versus domestic violence are important considerations for designing outreach and intervention programs for women of various cultures and ethnicities as well as immigrant women and first-generation women.
- Culturally specific types of abuse such as extended family violence, and abuse related to disabilities and immigration may not be identified as standardized types of abuse.
- Alternative models of violence against women such as the "Coiled Spring Model" (see Chapter 1) and the Deaf Power and Control Wheel (see Chapter 4) are important approaches for consideration in outreach and services provision for diverse populations.
- Barriers to services may be attributed to experiences of oppression, discrimination, or violence from systems such as law enforcement or other service-related professions, previous experiences in home countries, cultural beliefs, traditions, and acculturation.
- Expansion of Western-based, standardized models of outreach, intervention and prevention to integrate culturally congruent interventions may increase the effectiveness of outreach, intervention and prevention programs.
- Despite the significant experiences of interpersonal and domestic violence as interfacing factors to incarceration or custody, incarcerated women who are survivors of domestic violence are predominately viewed as perpetrators of illegal acts leaving the reality of their interpersonal victimization unaddressed and untreated.
- The call for gender-specific services which address the needs of incarcerated women who have been victims of abuse and interpersonal violence continue to go widely unaddressed. Current research indicates that promising interventions are those that are based on feminist approaches which engender personal empowerment, enhancement of self-esteem and self-efficacy. Similarly, gender-specific

programming which addresses the larger contextual issues of poverty and social marginalization is essential.

- The increasing prevalence of dating violence among adolescents is indeed alarming. Identifying non-traditional methods of program delivery is paramount in order to reach adolescents who are at risk and are not in school settings. A review of the literature also revealed a lack of published studies on adolescent relationship violence prevention programming for youth of diverse cultures and ethnicities.
- There is a great need for Adult Protective Agencies to develop strong collaborative relationships with the domestic violence programs in their communities. Some of the significant barriers in serving elder victims of intimate partner abuse (IPA) are certainly related to the unique needs and characteristics of this population.

PartTwo: Area III Systemic Enhancement for Service Improvement
- Service accountability through program evaluations, multi-disciplinary teams, collaboration, coordination, and training.
- Importance of coordination of various law enforcement agencies especially for crimes against Native American women and victims of sex trafficking.
- Utilization of program evaluations to advocate for additional funding, staff, and other needed services.
- Increased need for organizational support and resources to reduce vicarious trauma and burn out of service providers.
- Collaboration and training with service providers that specifically assist underserved populations.
- Quality and quantity of services affected by insufficient funding, staff, and training.

Part Three: Area V Physical and Cultural Accessibility
- Hard-to-reach populations include ethnic or cultural minorities, women with disabilities, women living in rural communities, and women with co-occurring issues.
- Implementation of culturally competent services, language accessible programs, bi-lingual and diverse staff and translated educational material.
- Implementation of screening tools for culturally specific types of abuse such as abuse assessment screening-disability (AAS-D).
- Create auxiliary services such as English as a Second Language (ESL) classes, transportation, and childcare.
- Creative outreach approaches that include ethnic-based festivals, newspapers, media, community centers, community leaders, or ESL classes.
- Increased need for client-centered services that are flexible to accommodate client's needs, which may include issues of substance abuse, immigration, incarceration, disabilities, and sex trafficking.
- Development and implementation of physical and programmatic changes that are ADA compliant for women with disabilities.

C. Web-Based Service Providers Survey

Survey Design and Data Collection

Based on the results of the preliminary literature review and the analysis of Implementation Plan Committee meeting findings, the design and the contents of this web-based survey were developed. The survey was also approved by the Human Subject Review Committee of the California State University, Sacramento. The majority of the questionnaire included close-ended items which are supplemented with open-ended items. It had a total of 15 items and took about 20 minutes to complete. (A copy of the questionnaire and the cover letter are attached in Appendix C1).

In January 2007, OES sent out an e-mail notice to current grantees to inform them about the survey and its purpose. In February 2007, an e-mail invitation from the evaluators along with a link to the web page of the survey, which was located in a California State University, Sacramento server, was distributed to the grantees. The list of e-mail addresses of about 170 service providers was provided by LEVSD.

Details of the nature of the survey and its ethical considerations were described within the invitation e-mail as well as in the beginning of the survey. Potential respondents were informed that participation in the survey was voluntary and they could skip any or all of the survey items. It was an anonymous survey and no identifier was required. However, at the end of the survey, respondents had the option of providing basic identification information for future contact or follow up. They were also informed that while study findings will be reported to LEVSD, no individual identifiers would be used and only collective information would be presented in the final report to ensure confidentiality.

This survey employed a convenient sampling method to reach respondents. A snow-ball strategy was also used to promote the inclusion of "difficult-to-reach" respondents or under-represented populations by asking respondents to recommend other relevant participants. Phone interviews or mailed questionnaire options were available to respondents who chose not to respond through the web page.

A month after the first e-mail, a second e-mail was sent out to remind respondents about the survey.

Summary of Service Providers Web-Survey Findings

A total of 170 VAWA grantees or service providers were contacted through e-mails. Among them, 25 e-mail addresses were either no longer in use, non-deliverable, duplicated addresses or the recipients had moved. Another10 additional contacts were recommended by the respondents. At the end, a total of 53 completed and usable responses were collected resulting in a response rate of 34%.. Quantitative and qualitative analyses of these responses produce 12 major findings which are listed below in Table 2.

Detailed tabulation of responses for each of the questionnaire questions including summary of qualitative responses are listed in Appendix C2.

Table 2: Summary Findings of VAWA Service Providers Survey

1. **Underserved Populations (Women)**. *Undocumented immigrants, people with mental health needs, incarcerated survivors, people with disabilities, and people with substance abuse concerns* are the most underserved groups. Teens and ethnic and cultural minorities are significantly underserved but relatively, they are not considered as very significantly underserved.
2. **Needs Unmet Populations (Women)**. *Undocumented immigrants, ethnic or cultural minorities, people with mental health needs, older adults, and women in rural areas* are the top groups whose needs are unmet.
3. **Emerging Areas of Concerns.** *Cyber stalking, teen dating, and women in the military* are emerging areas of concern.
4. **Funding Focuses.** *Direct service, education and outreach as well as legal services* are rated to be the areas that need VAWA funding emphasis.
5. **Program Characteristics.** Most VAWA providers believe that they are providing *client-centered and culturally competent services* that are fiscally and programmatically sound.
6. **Barriers for Program Success.** *Insufficient funding, inadequate pay, reporting requirements, and staff turn over* are cited as the major barriers for program success.
7. **Modifications.** Providing *technical assistance and streamlining program reporting* are areas that would facilitate program success.
8. **Best Practices.** *Client-Centered and Personal Approaches, Culturally Competent Practice,* and *Case Management* that emphasize *individualized, non-judgmental approaches* with a focus on *safety* are found to be "best practices" among respondents.
9. **Factors for Program Success.** Factors for success are *Quality of Staff, Collaboration, Training and Technical Assistance*, *Positive Characteristics of Programs,* and *Organizational Support*.
10. **Collaboration among Providers.** While almost half of the respondents believe the amount of collaboration is about right, equal numbers of respondents believe more collaboration is needed.
11. **Challenges.** Inadequate budget, client's fear of the justice and service systems, and staffing related issues are the major challenges for programs.
12. **Additional Comments.** The need for increased *funding* to hire professional staff, serve the needs of immigrant and trafficked women, address the issues of financial dependence and employment needs of victims emerged as the resounding theme of the 19 narrative responses to the request for *Additional Comments*.

D. Focus Group Review of Survey Results

The *VAWA Services Priority Stud*y consisted of five components; the study included an analysis of Implementation Plan Committee meeting notes, literature review, a web-based survey, a focus group of service providers, and a nominal group discussion on service priority. This report provides a summary of the findings of the focus group in which participants were asked to respond to the findings of the web-based survey.

Procedure

Nine participants representing various agencies attended the focus group meeting held on June 5, 2007 on the campus of California State University, Sacramento. The meeting was facilitated by two researchers and was independently recorded by two research assistants using an "Observation and Recording Log". During the 1.5 hour meeting, focus group participants were asked to help achieve the following objectives in relation to the survey findings:
1. Identify discrepancies and inconsistencies.
2. Increase the general validity of the findings.
3. Provide contextual references to the findings.
4. Discuss study findings' implications for services priorities.
5. Look beyond the findings.

Participants were given a copy of the survey (see Appendix C1) and a summary of the findings (see Appendix C2) for their reference. Each major summary finding (see Table 2) was presented to the group and feedback was invited to help address the five meeting objectives identified above. The web-based survey was sent via email to approximately 150 VAWA funded programs. Eighty-seven recipients visited the website and 53 complete and usable surveys were received, representing a 34% response rate.

Descriptive Summary of Focus Group Findings

The small size of nine participants allowed opportunities for thorough discussion and participation. The following is a descriptive summary of the findings in relation to each of the meeting objectives.

►*Objective One: Identify discrepancies and inconsistencies*

A prevalent theme which emerged in relation to this objective was the notion *that "sometimes what doesn't emerge is the most informing as to what populations and situations are extremely underserved and unmet"*. Several *missed opportunities* were identified in relation to inconsistencies and discrepancies.
*   The LGBT community was not included as an underserved or unmet population in the survey. This in itself speaks to the great lack of available services for the LGBT population and even more so to service providers and researches' glaring lack of awareness of this population's needs
*   The lack of separation of persons with disabilities from persons with mental health needs and persons with substance abuse issues warranted further understanding of the issues and the needs for these diverse populations.

- The population categories of undocumented immigrants and ethnic/cultural minorities may have resulted in an overlapping of findings.
- Services for persons who are victims of human trafficking may not have been clearly identified by survey respondents due to the realities of the unique needs of this population as well as the different funding sources for developing and providing services for such victims.
- It was noted that asking an open ended question such as, "What services do your clients think they most need?" might have allowed for meaningful data in supporting victims' need driven services. In addition, responses to such a question may have helped identify service priority needs from what the agencies know of clients' perspectives.

►*Objective Two: Increase the general validity of the findings*

Participants noted that, overall, the findings were reflective of their experiences and knowledge regarding service priority needs. The survey findings that identified *undocumented immigrants, people with mental health needs, incarcerated survivors, people with disabilities, and people with substance abuse concerns* as the most underserved groups were substantiated by the focus group participants.

However, it is significant to note that the emergent theme of *missed opportunities* identified in response to objective one also emerged in response to objective two. For example, the LGBT population did not emerge as a significant category from the Implementation Plan Committee meeting, therefore, the Providers Survey did not address this population. This omission kept the LGBT population invisible and reinforced the realities that this diverse group is not being served. In addition, participants noted that the findings of the survey may be skewed by who in an agency responded to the online survey and by which agencies actually received the invitation to complete the survey.

- *"Missed the LGBT population as a category. There is an extreme unmet need that no one assumes there is a need because they are not being served".*
- The survey was only sent to VAWA funded agencies and this may have limited the opportunity to gather meaningful data from such programs as Victim Witness and others who serve women victims of violence.
- The respondents to the survey were more than likely executive directors rather than front line staff who have direct day to day contact with clients. *"They may not be truly in the know".* For example, participants noted surprise that the category of incarcerated victims were ranked low when in fact they experience *"serving many survivors of violence who have come out of the legal system"*
- Undocumented immigrants and the LGBT community share the common reality of social injustices that prevent them from accessing services.

►*Objective Three: Provide contextual references to the findings*

The theme of c*omplexity in diversity* was an emergent theme in relation to contextual references of findings. For example, participants noted that survey respondents may be reluctant to see themselves as not being culturally competent while at the same time not recognizing the complexity of multiple identities of diverse populations. Likewise, the recurring theme of *missed opportunities* emerged once again. *"The trick about assessing unmet and underserved populations is that because they are not being served they are not*

aware of the need to serve that particular population". Survey respondents may see themselves as culturally competent to serve those they are actually serving without recognizing the need for further competence to reach underserved and unmet populations.

- It was noted that from a prosecutor's perspective that immigration documentation status is not a factor for considering program aid.
- Differentiating undocumented immigrants from ethnic/cultural diversity is important because the needs for services and related funding are considerable when it comes to addressing the needs of undocumented immigrant victims.
- Note that survey respondents would not want to say they are *"not culturally competent"*. Yet, there is a complexity in diversity: *"clients have multiple identities. They may be older, immigrant and non-English speaking thus requiring multiple services"*.
- There are *"virtually no services for teens with mental health needs... no lock down mental health services...no services in juvenile hall...for perpetrators and victims of violence"*.
- The particular needs of sex trafficked victims need to be addressed. For example, the current dormitory style of shelters does not fit well with sex trafficked victims' needs for longer stays and a home style environment.

►*Objective Four: Discuss study findings' implications for service priorities*

Participants noted several emergent themes in regard to implications for service priorities: *missing populations, cultural competency, types of services needed.* There is a need for further cultural competency training that would enable providers to identify and reach underserved and unmet populations that they are overlooking. Populations such as LGBT, teens and incarcerated victims were specifically identified. Participants emphasized the need for increased mental health services for victims of all populations. In addition, the need to implement appropriate outreach to and education for ethnic minorities, undocumented immigrants and other overlooked populations was noted. This could require different models of outreach, education and service provision.

- The importance of developing services that are outside the traditional models was identified with particular reference to reaching victims reluctant to engage in services.
- The glaring lack of mental health services for teens was stressed. Concern was again voiced that teens with mental health needs did not emerge among the populations most in need of services.
- Cultural competency training to increase awareness and skills to serve unmet and underserved populations is needed.

►*Objective Five: Look beyond the findings*

Participants reiterated themes that arose throughout the focus group discussion as they considered this objective. For example, the missed opportunity to include the LGBT population and persons with disabilities in the study was noted. Participants wondered once again why teens with mental health needs and victims of human trafficking and sex trafficking as well as incarcerated victims were not more prominently identified as underserved and unmet populations by survey respondents. Perhaps the questions that

focus group participants posed are most meaningful in looking beyond current survey findings and considering future exploration:

- Cultural competence: What makes an agency and its staff culturally competent?
- What is meant by technical assistance?
- What services do people really need? For example, what kinds of job training, parenting classes, legal services, etc. are really needed by clients?
- What kinds of collaboration are being discussed when respondents identify collaboration as important?
- How can capacity to provide needed services to the diversity of victims be built at the local level in culturally competent appropriate ways?

►*Closing Question: "If You Were Going to Summarize Today's Meeting, What Would You Say?"*
In bringing the focus group meeting to a close, the following question was posed for participation consideration: *"If you were going to summarize today's meeting, what would you say?"* Responses to this concluding question resulted in themes related to cultural competence, funding, and needs driven services.

- *"There is a need for more comprehensive services that are more culturally competent."* There is a clear indication from data and focus group discussion that outreach and services are needed for underserved and unmet populations. Likewise, building capacity in cultural competence within direct services, legal services, collaboration with community and resources through technical assistance was another emergent theme.
- Service priorities should be driven by client and community needs rather than by funding streams. This calls for flexibility and programming beyond the traditional models (outside the box), where services are wrapped around the victim and include the victim's determination of their own needs.
- There is a need to pursue other avenues of funding (beyond VAWA) to support programming and services for victims and the increasingly diverse victim population. *"Does it have to take specific funding to be able to provide services to specific populations?"*

Summary

Participants' responses to the web-based survey findings were elicited in a focus group format. Nine participants from various agencies servicing women who are survivors of violence reflected on the survey findings in relation to five meeting objectives. Overall, focus group findings highlight the need to address populations that continue to remain invisible. There are populations such as the LGBT community, undocumented immigrants, incarcerated victims, ethnic and cultural groups, persons with disabilities, victims of human and sex trafficking and teens with mental health needs who are in need of outreach, education and accessible services; yet these populations remain out of the scope of awareness of providers, communities and funding sources. The findings of the focus group will provide contextual reference for further interpretation of the web-based survey findings.

E. Using the Nominal Group Process to Determine Service Priority

Seven participants representing various agencies participated in an exercise to determine service priority based on the findings from the providers survey and the prior focus group discussion. On June 5, 2007, a "nominal group process" was used to organize the meeting and to assist the decision making process.

Procedure

In the first round of the process participants were asked to each give their top three choices for service priorities. These were recorded without discussion, elaboration or comment. Table 3 presents the results of the first round of ideas.

Table 3: Individual Responses for Top Three Ideas for Service Priorities

First Choice	Second Choice	Third Choice
1. Community based services	8. Innovative service models, education and outreach to reach underserved communities	15. Enforcement of restraining orders
2. Services to promote meaningful access to the courts	9. Appellate representation for victims	16. Identifying and implementing (i.e., develop plan) to increase communication between law enforcement and victim services agencies
3. Develop collaboration with non-traditional groups to meet needs of un-served, underserved communities	10. Enabling programs to reach underserved communities (e.g. Satellite offices)	17. Statewide awareness campaign targeting un-served /underserved communities on sexual assault and domestic violence
4. Training and TA (cross-disciplinary DA's, VW advocates, etc.) focused on identified underserved communities	11. More comprehensive community legal services including enforcement of victim's rights in criminal justice system	18. Including restorative justice or combining when appropriate (infuse this with all categories)
5. Creating competent outreach and ed. materials for underserved populations including dependent adults and people with disabilities	12. Support and development of full service integrated community-based service projects	19. Develop statewide strategic plan (infuse with all categories)
6. Flexibility in funding and programming to meet the needs of victims in communities (open) based on local needs	13. Develop and expand collaboration in local communities to reach and serve underserved communities (e.g., ethnic, persons with disabilities, LGBT, etc)	
7. Capacity-building (cross-discipline trainingo address emerging needs or concerns (e.g. Cultural competency, funding, etc) on a local level (ex. DVRT's SART's collaborative approaches)	14. Educate service providers about cyber safety for teens with disabilities	

After the generation of each participant's top three choices, the group as a whole worked to cluster responses and collapse them into larger more inclusive categories. Table 4 displays the top six inclusive categories which include: *Training/TA /Capacity Building, Legal Services/Access to Justice, Reaching Underserved Communities, Community Based Services, Collaboration, and State-wide Plan.*   All of the newly emergent categories are listed in the table and the original ideas that were clustered to create the category are noted.

Table 4: Six Emergent Categories with Clustered Ideas Identified

Category	Category	Category	Category	Category	Category
Training/TA /Capacity Building	Legal Services/Access to Justice	Reaching Underserved Communities	Community Based Services	Collaboration	State-wide Plan
Clustered Ideas (4, 7, 14)	Clustered Ideas (2, 9, 11, 15)	Clustered Ideas (5, 8, 10, 17)	Clustered Ideas (1, 6, 12)	Clustered Ideas (3, 13, 16)	Clustered Ideas (18, 19)
4. Training and TA (cross-disciplinary DA's, VW, Advocates, etc) Focused on identified underserved communities 7. Capacity-building (cross-discipline training and TA) to address emerging needs/concerns (e.g. cultural competency, funding, etc) on a local level (eg., DVRT's SART's collaborative approaches) 14. Educate service providers about cyber safety for teens with disabilities.	2. Services to promote meaningful access to the Courts 9. Appellate representation for victims 11. More comprehensive community legal services including enforcement of victim's rights in criminal justice system 15. Enforcement of restraining orders	5. Creating competent outreach and ed. materials for underserved populations e.g., dependent adults and people with disabilities 8. Innovative service models, education and outreach to reach underserved communities 10. Enabling programs to reach underserved communities (e.g. satellite offices) 17. Statewide awareness campaign targeting unserved & underserved communities on sexual assault and domestic violence	1. Community based services 6. Flexibility in funding and programming to meet the needs of victims in communities based on local needs 12. Support and development of full service integrated community-based service projects	3. Develop collaboration with non-traditional groups to meet needs of unmet & underserved communities 13. Develop and expand local collaboration to reach and serve underserved communities (e.g., ethnic, persons with disabilities, LGBT, etc) 16. Identify and implement plans to increase communication between law enforcement and victim services agencies	18. Including restorative justice or combining when appropriate (infuse this with all categories) 19. Develop state-wide strategic plan (infuse with all categories)

Once the six emergent categories were created out of the individual ideas, each participant then used a total of 10 points to indicate how they assigned significance of the six areas. Each could have 10 points/votes to express their views, with 10 being the item that they felt most strongly about. Table 5 displays the categories by number of votes. *Training/TA/Capacity* emerged as the most significant category with 15 votes. A tie emerged for the second choice with the categories of *Legal Services/Access to Justice* and *Reaching Underserved Communities* each receiving 13 points. *Community Based Services* placed third with 11 votes and *Collaboration* was fourth with 10 votes. The category of *Statewide Plan* received the least number of votes (8).

Table 5: Six Collapsed Categories by Vote

First (15)	Second (13)	Second (13)	Third (11)	Fourth (10)	Fifth (8)
Training/TA /Capacity Building	Legal Services/Access to Justice	Reaching Underserved Communities	Community Based Services	Collaboration	Statewide Plan

Summary

Seven participants representing agencies that included law enforcement, the court system, and victims' services programs took part in a nominal group process on June 5, 2007. The aim of the nominal group exercise was to help identify the top service priority areas for future funding by California's OES VAWA STOP program. While the group was small and not representative of the entire state, the findings may help provide data to be used along with the findings of the Services Priority Study as the state moves forward to develop future funding plans.

Section IV

Appendices

Appendix A

Original Record of the VAWA Implementation Plan Committee

Two Day Meeting on June 22 and 23, 2006

(Prepared by the Implementation Plan Committee Meeting Consultant)

NEEDS

FBI – Federal Victims

- Underserved
  - Interstate domestic violence, stalking, violation of protection order
  - Cyber stalking
  - I/S (Inter-spousal???) Interstate kidnapping
  - Identity theft

- Prostitution

- Military victims

- Emphasis on need for collaboration
  - Include feds (also military and tribal) on local and state efforts and training in sexual assault and domestic violence (e.g. feds can use SART facilities

- Cruise ship crimes – violence against women

- Crimes on Aircraft, and in National Parks, and Public Buildings

- Stress technology – feds are very important partners

- Need to help victims when cases aren't prosecuted – especially if victim's safety involved

- Look and build on resiliency studies, etc.

CALCASA – California Coalition Against sexual assault

- Funds to help programs to be able to collaborate, attend meetings, develop protocols, etc.

- Need help for victims at time perpetrator is released (after prison)

- Ongoing proficiency training, distance learning, community skill-building

- Community-specific collaboration
  - Compensation for others?

- Working with person with disabilities

- Non-traditional law enforcement (feds, campus, etc.)

CALCASA (Continued)

- Service dollars as well as new

- Prison rape – federal/state/jails help to incarcerated victims

- Internal investigations

- Services needed by incarcerated survivors (mothers in prison)

- How to help those who get protection orders to get safety plans, help within courts

DEVELOPMENTALLY DISABLED

- Represents 3% of the population

- Assistance to people who live at home/group homes –vulnerable to abuse. Need statistics on this

- Program and material accessibility – font size, don't use acronyms, use what people can relate to

- Do outreach

- Law enforcement needs training on developmental disability issues

- Training on domestic violence, sexual assault, dating violence and stalking needs to be provided to consumers and providers

CAMPENSINAS – AGRICULTURAL

- Cultural contexts
  - Need to look at technical assistance, expertise, how VAWA STOP is going to value and determine
  - Acknowledge changes over time and need to look fresh at our work

- Need to make sure services are responsive to victim's needs comprehensively

- Assure ongoing collaborations with community groups after training, ground work meetings

- Working within cultural context

CAMPENSINAS – AGRICULTURAL **(Continued)**

- Acknowledging leadership within community

- Create lasting rapport – planning, etc

- Community context

- Impact of RFP terms, other grant requirements. What to value?

- Disabled from other cultures/countries. 100+ cultures in California

- Evolution of moving toward what a victim needs. What is it that you need? i.e. computer, job training, cruise

- Immigration of indigenous populations from Mexico. Due to many different cultures need for language translation, resources and access to systems.

THE COURTS

- Access – finding courthouse door, restraining orders, juvenile child custody. Access is a very large issue.

- Training, education and technical assistance

- Include court interpreters and others who work in court system on issues involving domestic violence, sexual assault and stalking

- Lethality versus firearms issues (prohibition/relinquishment)

- Need to give community a feedback loop as to how and what they are doing. Revitalizing community feedback loop – eg. DVCC's (be clear about their purpose, mission and life span)

- Develop fair court processes, ethical California leadership

- Need to institutionalize gains

- Summits – keep them

- Underserved re-victimization
    - They shouldn't be worse off
    - Courts should promote safety and not re-victimize

- Prevention – outreach into places where children go such as court waiting rooms

CALIFORNIA PARTNERSHIP TO END DOMESTIC VIOLENCE

- Develop feedback loops with one another to involve and inform each other

- Effective evaluation that would include honest dialogue with the goal of continuous improvements

- Need to go through processes to determine???

- Direct services, especially immigrant battered women

- Building stronger collaboration with courts and prosecutors

- Work with custody evaluation /people who do custody evaluation and training

- Compassion fatigue training and self care

- Better collaboration with key state agencies

- Fiscal accountability – prompt payments to sub-grantees

- Checks and balance/reporting system for shelters re: complaints and tools for improvements

- Meet with Governor's crime victim advocate

VICTIM WITNESS

- Need to ask programs who we will serve in next decade (aging and Asian increasing, white decreasing) so can do long range planning

- How do we enforce victim's rights?

- Training needed on victim's rights for judges, prosecutors, etc.

- Serve victim in authentically collaborative way
  - Be more proactive statewide
  - Start with what does the victim need
  - Working together = strength

- Evaluation – need to be more sophisticated and tailored
  - Are we meeting a victim's needs?

PROSECUTION/LAW ENFORCEMENT

- 500+ Law Enforcement Agencies of which 3/4th have less than 25 officers

- Training on Elder issues

- Sustainability/Mentors/Institutional Knowledge – need solid mid-level

- 5,500 prosecutors

- Need good people in house

- Address burn-out and turnover. Need strong leaders

- Dispatch training – in light of Crawford and Davis

- How to deal with cases where there aren't filings but families still need help

- Effective parole and probation supervision (victims not aware of conditions and who to call)

- Release information re: post conviction – Corrections info. on high-risk cases

- Stalking not being reported as difficult to prove

- Vertical prosecution/specialized units are very important

- Fatality reviews and DVCCs – good

- Evaluation

- Assure that training leads to changes in behavior

- Put victim impact statements and prosecutor's statement of view in Corrections files, and that restitution is included

- Legal Advocacy – what are the legal needs and resources? Include CBOs who reach actual populations

- Court coordination and assistance for victims

- Systems response captured in statistics

- Crime victims with disabilities – what are their needs

- Elderly – work with those (assisted living facilities) on topic

PROSECUTION/LAW ENFORCEMENT Continued

- More collaboration among substance abuse, law enforcement, mental health, child protection services to safely implement mandatory reporting law/ as not implemented well

- Linking medical/health care community with other STOP players

- Prosecutors' offices, law enforcement personnel – need more of them. They are very important to making cases

- Need crime scene investigators to work domestic violence, violence against women cases – resources

- Finding fleeing fugitives

NATIVE AMERICAN

- Ten tribes have police, no police officer status in California for tribal law enforcement

- Violence against women crimes not reported and people won't use services

- Native American victims cannot access non-native services

- Fearful of reporting crimes – need cultural competency training for first responders

- Gathering crime statistics – need breakdown by ethnicity as local info. doesn't get into state data bank and Native Americans not on reservations need to be counted too

ASIAN PACIFIC ISLANDERS

- Context has changes, hostility to black women out there

- Asian Pacific Islander – different domestic violence dynamics – beaten by many in family

- Studying 300 women to access this dynamic and needs they have

- Understand multiple and interconnected systems and that they are not separate

ASIAN PACIFIC ISLANDERS Continued

- CPI – training on how they respond, de-link maternal compliance with paternal violence

- Custody and mediation – review of impact and studies

- Interpreters – in system and programs
    - Formal and informal roles of advocates
    - How to do formal interpretation and informal interrogation (include in advocate training)

- Homicides – poor and women of color are over-represented. Need to understand this more

- Mental health – teen suicide in teen populations

- Use of ice has increased, domestic violence up 400%
    - Changes in population in prison and child impact – meth orphans

- Immigration – how are changes in the law impacting black women, how is it affecting youth

- Deportation impacts

- Runaway/homeless youth
    - Teen dating violence and links to their history, impact of domestic violence of family of origin, this affects interventions
    - Judicial Council DV girls' program shows need to link with child protection, juvenile justice, etc.

- Stalking – cyber stalking

- Economic development needs – housing, etc. This is not showing a lift from poverty.

- Trafficking – women and youth

- Funding for community-based organizations – VAWA 2005 needs to give them technical assistance

OTHER AREAS OF INTEREST

Dating Violence

Minors

Elderly

Interpretation

Prostitution

Gender

Workplace

Sex Trafficking

Corporate Accountability

Criminal and Civil Issues

Mandatory Reporting Law

Appendix B1

California VAWA STOP Program Literature Review

Appendix B1: California VAWA STOP Program Literature Review

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General Framework

The State of California, Governor's Office of Emergency Services (OES), Law Enforcement and Victim Services Division (LEVSD), the Violence Against Women Act (VAWA) Service Training Officers Prosecutors (STOP) program undertook a service priority study in preparation for developing its three year VAWA STOP Implementation Plan. Such an implementation plan is to provide guidance for use of STOP funding in the further enhancement of services to victims of sexual assault, domestic violence, dating violence and stalking (Office on Violence Against Women, 2006). The services priority study was shaped around four primary guide questions:
1. What service areas that need more funding attention?
2. Which service categories need more immediate attention?
3. What current service gaps exist?
4. What are the current concerns in regard to the implementation of STOP
In response to the guide questions several methodologies were implemented.

These included a secondary data analysis, a literature review of current research and sample practices, a web-based survey of California service providers and a focus group of providers. The literature review piece of the multi-method approach is contained in this document.

It is important to note that the direction of the services priority study emerged out of a collaborative process. For example, the CA VAWA Implementation Plan Committee meeting was convened on June 22 and 23, 2006 in Sacramento. The advisory committee was asked to provide input as to how the State of California could best use STOP funding to enhance services to victims of violence while also enhancing the coordination of the representative groups in addressing violence against women. Results of these meetings served as qualitative data for identifying significant themes that would be used to guide the focus of the literature review and development of the web-based survey of service providers. The five emergent themes identifying areas of concern are summarized in Table 1.

Of the five areas of concern identified, three were targeted for further development through the literature review. In the pages that follow *Areas I, III, and V* are explored through a review and analysis of the research literature and agency based practice literature. While California was a focus of the literature search, studies and practice literature from across the nation was examined in an effort to bring the most pertinent data to the work at hand.   Part One of the literature review addresses *Area I Underserved and Unmet Populations*, Part Two addresses *Area III Systematic Enhancement for Service Improvement* and Part Three examines critical issues related to *Area V Physical and Cultural Accessibility of Services*. The Appendix contains summary tables of selected studies for each of the eight populations discussed in Part One of the literature review. The literature review examines studies from academic research and agency-based practice in California and explores barriers to services for underserved and unmet populations, challenges and innovative approaches to enhance services and service delivery, and ways to improve physical and cultural accessibility. The findings will be utilized for the development of the upcoming implementation plan for the use of federal VAWA STOP funding in CA. The following are the major findings from the literature review:

Table B1.1: Five Major Areas of Concerns from the Implementation Plan Committee Meeting

Emergent Theme	Area of Concern	Description
One	Unmet-Needs and Under-Served Populations	**There are many service gaps and unmet service needs in a variety of areas.** Of particular concerns are the under-served and un-served populations, i.e., ethnic and cultural minorities, elderly, persons with disabilities, LGBT, teens, sex industry workers, and victims of new types of crime such as cyber stalking and violence on cruise ships. There are also crimes in prison and other public and government owned facilities.
Two	Continuum of Coordinated Services	**It is desirable to have a continuum of coordinated services among service providers for the victims.** It aims to have a coordinated system of care that is client-centered and comprehensive. Clients will be suitably served and not be "dropped" during the transition from one agency to another.
Three	Systemic Enhancement for Service Improvement	**Systemic enhancement for service improvement.** This includes issues such as ensuring accountability of service and sustainability of programs, preserving institutional knowledge, developing leadership, increasing interdisciplinary collaboration, making good use of service evaluation and feedback, improving funding mechanism, and addressing the concerns of staffing (recruitment, training, retention, and burn-out).
Four	Statistics and Outcomes	**Use of Statistics and Demonstration of Outcomes.** Use of program evaluation, research and studies, feedback from communities and other approaches to improve services and to assess the extent of success, identify needs, and plan services.
Five	Physical and Cultural Accessibility	**Accessibility**. It includes both physical and cultural accessibility. Develop culturally competent and linguistically specific materials and services for clients of various backgrounds. Specifically mentioned are the ethnic minorities (API, Hispanic, and Native Americans), people with disabilities, and other un-documented victims. Lack of available services also contributes to the problem of accessing service.

Summary of Literature Review Findings

This literature review reveals that the most common concerns could be best summarized by distilling the original five areas of concern down into only three sections: Part One: *Area I Underserved and Unmet Populations*, Part Two: *Area III. Systemic Enhancement for Service Improvement*, and Part Three: *Area V. Physical and Cultural Accessibility*.

Part One: Area I Unmet Needs and Underserved Populations (Women)

- Eight populations were explored and issues related to current knowledge, current and sample practice as well as identified gaps and needs were addressed. The eight populations included: Asian and Pacific Islander (API) Women, Native American women, women living in rural areas, women with disabilities, victims of sex trafficking, incarcerated women, adolescents, and older adults.
- The exclusion by the literature of several key populations such as Lesbian, Gay, Bisexual and Transgender persons and Mexican Immigrant women, and women of Middle-Eastern cultures is a significant indicator of the important need for further research such as that sponsored by this project. In addition, the inability to address all the populations of need in this literature review may be considered a limitation of this work.
- Perceptions of marital conflict versus domestic violence are important considerations for designing outreach and intervention programs for women of various cultures and ethnicities as well as immigrant women and first-generation women.
- Culturally specific types of abuse such as extended family violence, and abuse related to disabilities and immigration may not be identified as standardized types of abuse.
- Alternative models of violence against women such as the "Coiled Spring Model" (see Chapter 1 of Appendix B1: Literature Review) and the Deaf Power and Control Wheel (see Chapter 4) are important approaches for consideration in outreach and services provision for diverse populations.
- Barriers to services may be attributed to experiences of oppression, discrimination, or violence from systems such as law enforcement or other service-related professions, previous experiences in home countries, cultural beliefs, traditions, and acculturation.
- Expansion of Western-based, standardized models of outreach, intervention and prevention to integrate culturally congruent interventions may increase the effectiveness of outreach, intervention and prevention programs.
- Despite the significant experiences of interpersonal and domestic violence as interfacing factors to incarceration or custody, incarcerated women who are survivors of domestic violence are predominately viewed as perpetrators of illegal acts leaving the reality of their interpersonal victimization unaddressed and untreated.

- The call for gender-specific services which address the needs of incarcerated women who have been victims of abuse and interpersonal violence continue to go widely unaddressed. Current research indicates that promising interventions are those that are based on feminist approaches which engender personal empowerment, enhancement of self-esteem and self-efficacy. Similarly, gender-specific programming which addresses the larger contextual issues of poverty and social marginalization is essential.
- The increasing prevalence of dating violence among adolescents is indeed alarming. Identifying non-traditional methods of program delivery is paramount in order to reach adolescents who are at risk and are not in school settings. A review of the literature also revealed a lack of published studies on adolescent relationship violence prevention programming for youth of diverse cultures and ethnicities.
- There is a great need for Adult Protective Agencies and their staff to develop strong collaborative relationships with the domestic violence programs and staff in their communities. Some of the significant barriers in serving elder victims of IPA are certainly related to the unique needs and characteristics of this population.

PartTwo: Area III Systemic Enhancement for Service Improvement
- Service accountability through program evaluations, multi-disciplinary teams, collaboration, coordination, and training.
- Importance of coordination of various law enforcement agencies especially for crimes against Native American women and victims of sex trafficking.
- Utilization of program evaluations to advocate for additional funding, staff, and other needed services.
- Increased need for organizational support and resources to reduce vicarious trauma and burn out of service providers.
- Collaboration and training with service providers that specifically assist underserved populations.
- Quality and quantity of services affected by insufficient funding, staff, and training.

PartThree: Area V Physical and Cultural Accessibility
- Hard-to-reach populations include ethnic or cultural minorities, women with disabilities, women living in rural communities, and women with co-occurring issues.
- Implementation of culturally competent services, language accessible programs, bi-lingual and diverse staff and translated educational material.
- Implementation of screening tools for culturally specific types of abuse such as abuse assessment screening-disability (AAS-D).
- Create auxiliary services such as English as a Second Language (ESL) classes, transportation, and childcare.
- Creative outreach approaches that include ethnic-based festivals, newspapers, media, community centers, community leaders, or ESL classes.

- Increased need for client-centered services that are flexible to accommodate client's needs, which may include issues of substance abuse, immigration, incarceration, disabilities, and sex trafficking.
- Development and implementation of physical and programmatic changes that are ADA compliant for women with disabilities.

Part One: Area I Underserved and Unmet Populations

California is rich in the ethnic diversity of its population as well as in the diversity of newly arrived immigrants (U.S. Census Bureau, 2000). While this diversity is indeed a societal asset, the uniqueness of cultural conceptualizations, definitions and experiences of intimate violence has presented challenges in both the victims' awareness of services, availability of culturally appropriate services, and access to such services. For example, a 2002 study of the prevalence of domestic violence in California noted that 150 languages were spoken in the Fresno area community alone: Such a vast diversity poses potential barriers to awareness, availability and access as just one of the factors affecting unmet and underserved communities (Burgarin, 2002). While ethnic and cultural diversity are emergent factors affecting services availability, access, and utilization, diversity factors such as geographic locale, physical disabilities and sex trafficking have also emerged as population characteristics calling for significant consideration in reaching at- risk and marginalized populations.

While not all diverse communities could be addressed in this literature review, eight particular populations were identified for discussion based on direction from the advisory committee.   Part One examines violence against women in the following underserved and unmet populations: 1. Asian and Pacific Islanders (API), 2. Native Americans, 3. Women living in rural communities, 4. Women with disabilities, 5. Victims of sex trafficking, 6. Incarcerated women, 7. Adolescents, and, 8. Older adults. There are diversity and cultural characteristics and qualities for each of these communities that deserve attention and consideration when developing and providing services for them. Such *population unique* factors pose challenges to the standardized or traditional outreach, intervention and treatment models. Suggestions for innovative interventions have been mined from the literature review and discussed here. Part One presents a brief review of the current knowledge and current and sample practices for each population. In addition, identified gaps and needs are discussed. Finally, summary charts of identified studies for each population are included in Appendix B2.

It is important to note that this document is by no means an exhaustive review of the literature as it was beyond the scope of this project. Similarly, there are other equally significant populations such as the Lesbian, Gay, Bisexual, Transgender, Queer (LGBT) Community, Middle-Eastern Women, Mexican Immigrant Women, and others that although not included in this project, must be addressed in future projects such as this one.

Chapter 1. Asian and Pacific Islanders

Current Knowledge

The U.S. Census Bureau (2000) reports that 3,814,474 Asian and Pacific Islanders (API) live in California, constituting 11% of California's population. More specifically, the majority of API population resides in the following counties: Los Angeles, Santa Clara, Orange, San Diego, and San Mateo (U.S. Census Bureau, 2000).   However, despite making up 11% of California's population, domestic violence shelters were under-utilized by the API population. API women made up only 6% of California shelters' census in 2000 (Burgarin, 2002). Similar findings were documented by the National Violence Against Women Survey (Tjadin & Thoennes, 1998) which found that API women were least likely of all diversity groups to report domestic violence. Does this under-utilization of shelter services indicate that there is, in fact, less intimate partner violence among the API community? Masaki & Wong (1997) have concluded that the "model minority" status of the API population does not translate into lower proportions of domestic violence. Rather, there are most probably lower reporting rates for reasons of cultural beliefs which influence the definition of what constitutes domestic violence and how women are to solve personal and familial problems.

Domestic Violence/ sexual assault Statistics of Violence against API Women
Despite, this "model minority" stereotype, violence against women cuts across all races and ethnicities, including API populations. Multiple studies have documented the prevalence and incidence of violence against API women. For example, Tjaden and Thoennes (1998) found that about 13% of API women have experienced physical assault and 4% have reported that they have been raped by intimate partners during their lifetime.

API women experience various types of abuse. Verbal abuse appears to be reported more than other types of abuse. Baba and Murray's (2003) study in Silicon Valley, CA revealed that approximately 90% of Vietnamese women were verbally abused and 60% were physically abused at least once by husbands. Yick, Shibusawa, and Agbayam-Siewert (2003) indicated that 80% of Chinese American women experienced verbal aggression within the past 12 months and 85% in their lifetime. Similarly, Yoshihama's (2002) Los Angeles study found that 61% of Japanese American women endured abuse and 47% were injured multiple times.

The National Asian Women's Health Organization ([NAWHO] 2002) conducted a study of sexual victimization among API women. NAWHO findings indicated that 16% of survey respondents reported being raped by an intimate partner. Additional findings revealed that 12% of the women experienced physical violence while 26% reported emotional abuse and 14% reported that they had been victims of stalking.

Prevalence of Law Enforcement Reports
Violence against API women may be underreported due to fear or mistrust of the U.S. criminal justice system. Although, 65% of Vietnamese female participants in Bui's (2003) study had indicated that they had made reports to the police, law enforcement agencies had drastically different findings regarding overall reports of API women. For example, the Houston Police Department reported that only 180 out of 24,000 domestic

violence reports they received came from Vietnamese American women, while Lansing, Michigan police responded to less than 10 calls from Vietnamese American women out of the 2164 domestic violence reports that Bui's (2003) survey identified. This low rate of reporting by victims has been further supported by other studies (Yoshioka, Gilbert, El-Bassel, and Baig-Amin,(2003) Yoshioka et al., found that only 25% of South Asian women disclosed their domestic violence abuse to a police officer or lawyer. This research corroborates other work which has found that API women have the lowest reporting rates of domestic violence and abuse when compare to African American and Hispanic women.

Redefining Domestic Violence

 Cultural beliefs and traditions influence the variations of domestic violence. For example, in some API cultures, the terms "battering" and "abuse" do not exist. Domestic violence may be perceived as expected "marital conflicts," and a normal part of marriage. Truong's (2001) study of Hmong and Vietnamese women in Fresno County, California proposed that life experiences and belief systems contribute to the different perceptions of domestic violence and definitions of abuse. Shiu-Thornton, Senturia, and Sullivan (2005) stated that, "there's awareness of marital conflict among Vietnamese, but the concept of domestic violence is a result of migration to the U.S. and the acculturation process" (p. 966). The variation in cultural meaning of domestic violence is further demonstrated in the Japanese language. Yoshihama (2001) explained that in the Japanese language, "a literal translation of domestic violence or family violence is "kateinai boryoku," which is perceived by many Japanese as violence by children against their parents" (p. 309).

 The significance of cultural and ethnic variations in the definition, perception and experiences of domestic violence should not be overlooked when considering outreach, education and services for women who are not members of the dominant U.S. culture. Consider, for instance, that the standard models of intervention in the United States are based on the western dominant U.S. cultural definition of domestic violence: *violence between two individuals that are intimately involved.* This definition in and of itself may limit the scope of services and outreach to some underserved and/or unmet population groups. For example, within the API community, the occurrence of *extended family violence* where abuse towards the woman may be perpetuated by the abusers who are members of her own family. Masum in Pune, India (n.d.) formulated the *Coiled Spring Model* to describe a similar cultural specific form of domestic violence that relates to API extended family abuse: a decreased level of family support continues as the violence escalates, until the victim is killed by the family (cited by Asian & Pacific Islander Institute on Domestic Violence [APIIDV] , 2007).

 Sullivan and Shiu-Thornton (2005) described extended family abuse committed by the mother-in -law, father-in-law, and older family members towards Cambodian women. These cultural specific forms of domestic violence are not accounted for within the traditional western definition of domestic violence and the subsequent standard models of intervention.

Culturally Specific Types of Abuse

With the mainstream definitions of domestic violence primarily defined as physical, emotional, financial, sexual abuse, other forms of significant abuse experienced by underserved and unserved populations are unaccounted for. For instance, other existing types of domestic violence and abuse in API communities include threats of deportation, cultural isolation, and burning. Yoshioka, Gilbert, El-Bassel, and Baig-Amin (2003) discovered that although South Asian women reported the lowest occurrences of physical violence, the reported the highest incidents (68%) for burns and scalding compared with Black and Hispanic groups.

Yoshihama (2001) identified cultural specific forms of abuse identified among four generations of Japanese American women. These included partners overturning the dining table, forcing women to have sex when others are around, and dousing women with liquid. The dining table is a centralized place where family activities occur and symbolizes a woman's legitimate role and place in the Japanese home. Dousing a woman with water signifies the attempt to purify objects that are considered dirty or impure. Sexual abuse occurs when the abuser forces the woman to have sex in front of others, which is more apparent in the traditional layout of Japanese homes. Results of the study indicated that 7% of the first generation respondents had been doused with liquid while 11% of first generation and 9% of second generation respondents reported a partner overturning a dining table (p. 312). Third and fourth generation women reported that they had been forced to have sex around other people.

Impact of Cultural Beliefs and Traditions

The underlying beliefs and values of standard Western models limit outreach and access to domestic violence programming within the API culture,. For example, API cultural beliefs and traditions emphasize social identity and family. While Confucian philosophy appears to be a significant foundation for API family dynamics and structured gender roles, Feminist theory, which provides a framework for much of the Western traditional domestic violence intervention models, strives to obtain gender equality, empowerment, and independence for women. This particular perspective may be at odds with API beliefs and traditions. Bui (2003) argues that, "the ideology of marriage and women's Four Virtues and Three Obediences derived from Confucian teachings have become an integral part of the definition of femininity in the Vietnamese culture" (p. 231). A woman who seeks assistance outside of the family or community is at risk of "losing face" or "shaming" the family, as such acts are thought to be significant acts of betrayal and disgrace.Bhuyan et al. (2005) provides further examples of a lack of fit of culture and traditional domestic violence programming. The study found that the cultural beliefs and values of Khmer women dictated that they be patient and expected that they endure the abuse. According to Khmer custom, these expectations were related to karma, which is fate.

Effects of Acculturation

Immigration and acculturation can create stress within families. Refugees from war-torn countries have experienced extreme turmoil, loss, and trauma in their home countries. Adjusting to a foreign country may be challenging due to various reasons. Ho (1987) revealed various "cultural transition difficulties that contributed to dysfunction.

These included: economic survival, American racism, loss of extended family or support system, vast cultural conflicts, and cognitive reactive pattern to new environment" (p. 31). The process of acculturation includes exposure to differing norms, values and beliefs. In relation to issues of domestic violence, such differing norms around gender roles, marital and family roles pose challenges for both the family members who are embracing the new perspectives and those who may be threatened by such values as gender equality and laws that are enforced to protect women.

Barriers to Seeking Services

API women encounter multiple barriers in receiving services. NAWHO (2002) noted that 97% of API women did not utilize domestic violence or sexual assault community services. In fact, 19% of them were not aware of the availability of services. Some barriers are attributed to the standardized model of the power and control wheel. Cultural barriers included family and community isolation, language barriers, culturally incongruent services, undocumented legal status, and lack of familiarity of services and rights as a victim (Kim, 2002; Bui, 2003 Shiu-Thornton et al., 2005; Bhuyan et al., 2005). Other reasons included distrust of law enforcement due to fear of deportation of themselves or their partners as well as the experiences of racial discrimination (Kim, 2002; Bui, 2003). API immigrants may have experienced abuse from corrupt law enforcement their home country, which can contribute to distrust of the U.S. criminal justice system.

Current and Sample Practice

The following section will provide recommendations for alternative and expansion of interventions that may be more culturally sensitive and accessible to this population. Kim (2002) indicated that some API women might not want to leave abusive relationships. Alternative interventions such as the harm reduction model (Teixeira, 2004) that attempt to minimize the abuse and increase safety, but do not require the victim necessarily leave the relationship may be appropriate. In addition, targeted outreach and education to newly immigrated men and women regarding domestic violence, laws, and consequences may be called for.

Innovative Approaches with API women

Shelters. To date, research has found that mainstream domestic violence shelters are underutilized by API women overall. Burgarin's, 2002 statewide study of the prevalence of domestic violence in California, found that Asian Americans along with Caucasians were underrepresented in domestic violence shelter census. In particular, Bui (2003) has found that "shelters were used minimally by Vietnamese women, most stayed for about a week . . ." (p. 222). The underutilization may be attributed to lack of accommodations for women with many children, language barriers, and cultural isolation.

Shelters that specialize in serving the API community have implemented approaches that have included language and culturally competent services. For example, the Asian Women's Shelter in San Francisco, CA provided 4000 shelter bed nights for

women and children, including those of other race and ethnicities. The average stay for residents was 3 to 4 months

My Sister's House, an API shelter, in Sacramento, CA has provided culturally ethnic food such as rice to their clients, which is a staple in their diet. The South Asian Women's Empowerment and Resource Alliance (SAWERA) in Portland, OR received funding to develop a transitional housing project that provides a "surrogate cultural community where women can find support from other survivors of cultural similarity" (Krishnan & Cutler, 2005, p. 607).

Family and Community. It is more common for API women to seek support from family members and friends rather than the legal system. Bui (2003) indicated that about 60% of Vietnamese women spoke to relatives, friends, and religious leaders for support. Yoshihama (2002) noted that 74% of Japanese Americans in Los Angeles County sought help from friends. The high disclosure to family and friends didn't always equate to support and assistance. Some family and friends refused to intervene with marriages because domestic violence was considered a private matter.

Yoshioka et al. (2003) found that in the Northeastern U.S., "South Asian women were told by family members to stay with the abuser (35%), work it out (30%), or leave the abuser (45%)" (p. 176). Compared to Black and Hispanic women in the same study, South Asian family responses ranked highest for staying with the abuser and working it out. Family responses ranked lowest in comparison to Black and Hispanic in being told to leave the abuser.

Families and cultural communities can be used as allies to provide interventions. Clan leaders can condone the abuse or implement potential resources for the abused women (Truong, 2001; Kim 2002). Cultural communities can organize and implement specific interventions that hold abusers accountable. Community businesses can ban abusers from public spaces. Shame tactics can be used such as confronting the abuser in the community. API community organization sends a message to other abusers and potential abusers that violence against women is not acceptable.

Culturally Specific Domestic Violence/ sexual assault Service Providers

API domestic violence agencies promote interventions that may contrast with mainstream agencies. Brommer (2001) challenged Western feminist and domestic violence movements and examined culturally appropriate interventions and outreach activities within three South Asian Anti-domestic abuse organizations in northern California. Kim (2002) proposed interventions that are congruent with cultural beliefs and traditions such as family style interventions, utilizing elders and clan leaders, and community shame-based tactics.

Family style interventions allow for a more permeable boundary system between the counselor and client. This is helpful especially when working in smaller tight knit communities such as with API communities. Such interventions allow for more personal disclosure, gift giving and receiving, and social contact between counselors and clients. Kim (2002) promotes API advocates working as specialists in a certain language and/or culture, as well as being generalists in terms of information and resources, which allows for more service accessibility for clients.

The API Institute on Domestic Violence (2005) published a *Community Engagement Continuum*, which provides thirteen agency-based interventions for

outreach, mobilization, organizing, and accountability in addressing violence against women in API communities. The following agency-based interventions are located in California:

1. Door-Knocking Campaign by Stand Against Violence Effectively (SAVE), a program of the Cambodian Association of America (Long Beach, CA)
2. Grocery Bag Campaign by the Alliance Against Asian Domestic violence (AAADV) (San Francisco, CA)
3. Blue-Collar Workplace Outreach by Narika (Berkeley, CA)
4. Community Needs Assessment by Shimtuh, a program of Korean Community Center of the East Bay (KCCEB) (Oakland, CA)
5. Queer Community Outreach by Queer Asian Women's Services (QAWS) of Asian Women's Shelter (AWS) (San Francisco, CA)

The Door-Knocking Campaign by SAVE was an effective way to provide outreach and education to the Cambodian community. SAVE advocates went door to door to reach out to women and children who were victims of domestic violence. This outreach technique alleviated the isolation domestic violence victims endure and increased awareness about services. The strategy worked well with this community because most Cambodian families live in close distance of each other, sometimes within the same apartments. The Cambodian Association of America was able to disguise the domestic violence component because of its other services it offered such as health education. Staff safety was addressed by advocates working in pairs, often with other staff from different programs, and going out on repeated visits. SAVE collaborated with law enforcement and child welfare. SAVE also had a batterer's treatment program.

The Grocery Bag Campaign by the AAADV was another innovative approach to promoting community awareness of services. "The AAADV is a collaborative of Chinese domestic violence and related service providers who created a campaign to produce grocery bags with anti-domestic violence messages and referral numbers in Chinese and Vietnamese" (Kim, 2005, p. 19). These bags were distributed for free at Chinese and Vietnamese grocery stores.

Narika provided community outreach to the workplace of South Asian women. It initially began with a small business owner contacting them with concerns about domestic violence impacting South Asian women employees. Domestic violence education and services were provided during a lunchtime meeting with the employees. Since this initial contact, Narika continues to provide community outreach to other places of employment of South Asian women.

Shimtuh conducted a domestic violence needs assessment in the East Bay. Shimtuh began as a collaborative program between the Asian Women's Shelter in San Francisco, the Korean Community Center of the East Bay (KCCEB), and the Korean American Coalition to end Domestic Abuse (KACEDA). The grant required a needs assessment, but Shimtuh utilized this as an opportunity to mobilize the Korean community.

Within six months, Shimtuh surveyed about 300 individuals to measure major sources of Korean information, domestic violence frequency and level of support for a community-based domestic violence program (Kim, 2005). The collaboration utilized

allies such as churches, grocery stores, and newspaper media to distribute and promote the survey. Six focus groups also were formed to examine the extent of domestic violence, barriers, and needed resources.

The Asian Women's Shelter has a community outreach component that removes the silence on Lesbian, Gay, Bi-Sexual, Transgender (LGBT) issues. The Queer Asian Women's Services (QAWS) provides queer community outreach by AWS volunteers and staff that have self-identified as queer. Focus groups were developed based on similar groups mostly organized by ethnicity, which were established within the Asian lesbian community in the San Francisco Bay Area (Kim, 2005).

Culturally Competent Services from Mainstream Domestic Violence/ Sexual Assault Service Providers

Mainstream domestic violence and sexual assault organizations can increase the availability and accessibility of services by providing cultural competency trainings, bilingual staff, interpreters, outreach, auxiliary services, and legal assistance with undocumented legal status. Services such as shelters, counseling, advocacy, and legal help are still pertinent to API women. In addition to these services, auxiliary services are also a crucial component to accessibility. Service providers can help with job trainings, housing placements, public benefits, English as Second Language (ESL) classes, transportation, and childcare.

Through cultural competency trainings, service providers will become familiar with immigration issues relevant to the API population. This training is important as undocumented API women may seek legal help from service providers regarding their legal status Undocumented women may also be eligible for federal benefits and Violence against Women Act (VAWA) visa (Shetty & Kaguyutan, 2002; Raj & Silverman, 2002). Service providers should identify immigration attorneys or agencies to assist with VAWA paperwork to prevent deportation of victim and children.

Outreach provides a forum to educate API communities about violence against women issues and makes communities aware of services. Shiu-Thornton et al. (2005) indicated that some Vietnamese women became aware of domestic violence in ESL classes. It is important to educate API women about legal assistance such as VAWA and restraining orders. Translated educational materials are key to facilitating outreach to individuals and must be distributed in locations frequented by API women. Service providers can also market services through advertisement in ethnic based newspapers or bulletins. Newly immigrated API men and women learn about domestic violence, laws, and consequences through outreach efforts.

Oh (2001) and Ly Daffon (2001) investigated culturally competent domestic violence services for API women in Sacramento county. Both authors created tools that may be of use to service providers assisting API women. Oh (2001) developed a manual for Asian Women in abusive relationships. Ly Daffon (2001) created a manual for social workers, which addresses domestic violence with South East Asian women; she proposed that service providers conduct an assessment on personal background and migration that examines possible trauma.

The Legal System

The legal system is another service option available to API women. Women may seek assistance through the criminal justice system by reporting domestic violence/sexual assault, prosecuting, or obtaining a restraining order. Some women utilized law enforcement as an educational tool to convey the message to their partners in their same culture that domestic violence was against the law in the U.S. Bui (2003) indicated that some Vietnamese women utilized restraining orders as bargaining tools for their safety if they decided to stay in the relationship.

API women may find navigating the legal system to be complex. Non-English speaking API women may find it challenging to try and obtain assistance in a timely manner from law enforcement due to the difficulty communicating with a dispatcher. Interpreters or bi-lingual staff are essential to obtaining an accurate story from the victim. Law enforcement should not utilize the batterer or children as interpreters. This practice can jeopardize the safety of the victim and children and provide misinformation about the incident.

Law enforcement can provide information on community services. Bui (2003) stated that 20% to 30% women who were utilizing victim service providers were referred by Boston and Houston Police Departments. Boston and Houston's Police Department have Vietnamese-speaking liaisons specifically for domestic violence (Bui, 2003). Houston Police Department was found to be more receptive to abused Vietnamese women's reasons for requesting an arrest.

Identified Gaps and Needs

Multiple studies indicated gaps in the integration of culturally competent and language accessible services. There appears to be API specific organizations that are attempting to meet the needs of API women utilizing a different framework than standardized models. Extended family violence and the *Coiled Spring Model* need to be considered by all service providers as they provide pertinent information to abused API women. Standardized models may not necessarily apply to the API population and, in fact, application of such may discount their experiences of abuse.

Outreach in API specific locations is important in promoting services. Abused API women may be unfamiliar with existing services, definitions of abuse, and legal rights as a domestic violence victim. Health care centers are a prime location where service providers can educate professionals and women on the types of abuse and available services. Yick (2003) revealed that some API women might relate the domestic violence to somatic symptoms rather than the abuse. Other outreach locations include ethnic-based festivals, ESL classes, community-based conferences, and community leader meetings. Service providers that offer supplementary services such as driving lessons, parenting classes, or ESL can introduce violence against women as a secondary issue. These particular services are extremely helpful for immigrant population.

While domestic violence appears to be addressed in research and practice, the victims of sexual violence themselves continue to be minimally addressed and remain extremely underserved (Kim, 2002; NAWHO, 2002). This may be attributed to sexual violence being a very private matter and taboo subject. Kim (2002) argued that issues such as rape and sexual assault are still not talked about.

To date, research has minimally addressed the effects of domestic violence on children. Yoshioka, DiNoia, and Ullah (2001) found that Chinese, Korean, Cambodian, and Vietnamese participants were exposed to domestic violence as children. Baba and Murray's (2003) study focused on adult Vietnamese children's perspective on spousal abuse.

Utilizing men as potential allies was rarely mentioned. Kim (2002) indicated that this potential resource is not utilized enough despite the reality that men in this community are important change agents.   Men can partake in family and community-based interventions. They would be effective in outreach, especially towards other men in the community. Although men play an important role in API communities, their intervention in domestic violence situations is not currently utilized due to most violence against women being perpetrated by men.

Chapter 2: Native Americans

Current Knowledge

The U.S Census Bureau (2000) reports that about 333,000 Native Americans live in California, which equates to only 1% of the State's population. The top three counties of residence include Los Angeles, San Diego, and San Bernardino (U.S. Census Bureau, 2000). The Indian Health Council (2000) indicates that over 100 reservations and rancherias exist throughout California, but Native Americans live in both urban and rural areas. Reservations and rancherias often are more rural and isolated. Availability and accessibility of services may be an issue in more rural areas due to a more close-knit community, lack of transportation, and telephone service.

Violence against Native American women is staggering. Luna-Firebaugh (2006) reported that about 75% of American Indian women have a history of domestic violence as victims. Evans-Campbell et al. (2006) revealed that 65% of Native American women experienced some form of interpersonal violence and 48% reported rape in urban areas of New York City.

Native Americans endured multi-generational trauma in the U.S. Historically, they have been dehumanized and portrayed as savages. Smith (2003) proposed that Native Americans were seen as sexualized beings because they wore no clothing. Their bodies were perceived as dirty which equated to being sexually violable. Rape, murder, and forced assimilation were justified due to these beliefs. Children were taken away from tribes and taken to boarding schools. This was a serious attempt to eradicate the languages, cultures, and belief systems.

Due to the history of trauma, Native Americans may fear and distrust Western-based interventions and criminal justice system. Tribes have implemented culturally specific interventions to address violence against Native American women. Native Americans rely heavily on the community, which is the foundation of their interventions. However, the Native American community is also faced with high rates of unemployment, poverty, and alcoholism.

Current and Sample Practice

Victim Services

Tribes integrate standardized models and culturally specific interventions to address violence against Native American women. Evans-Campbell et al. (2006) reported that, "75% of Native American women accessed traditional Native American intervention and 70% accessed conventional mental health services" (p. 1420). This may be attributed to urban acculturation or increased number of services for sexual assault. Native American victims may also qualify for financial assistance, health care, housing, and education.

Standardized models include shelters, counseling, and advocacy. Luna-Firebaugh (2006) stated that, "safehouses are generally on-reservation homes of tribal members who are willing to take in a domestic violence victim for a very brief period of time" (p. 133). This approach can be more cost-effective for tribes and prevents cultural isolation. "From 1995 to 1999, tribal STOP programs used 27 tribal collaborative shelters, 23

tribally affiliated nonprofit shelters, 33 mainstream shelters, and 14 safe houses" (Luna-Firebaugh, p. 133)).

Tribes utilize several interventions that differ from Western-based models. Non-Western healing approaches include native healers, sweat lodges, tribal justice forums, and talking circles (Hamby, 2004). Tribal justice forums are a legal intervention, which emphasizes a family and community restorative approach. Talking circles can be used as a support group setting or criminal justice forums, which allow each member of a group to speak uninterrupted in turn, guided by a facilitator who is typically an elder or other important figure.

Another policy implemented that benefits Native American families is the Indian Child Welfare Act (ICWA). The policy was created due to the recognition of cultural extinction of tribal nations. When a child is removed from their home, they are ensured that the placement will be in a tribal home (Madrigal, 2001). In situations such as domestic violence, this tribal placement may be an option if the domestic violence worsens or child abuse is inflicted.

Several California tribal organizations have implemented services for Native American victims of domestic violence and sexual assault. Some California tribal organizations have blended medical assistance with mental health and social services, including those for survivors of domestic violence or sexual assault. These include the Southern Indian Health Clinic, Native American Health Center, and Indian Health Council, Inc. They address domestic violence through both standardized models and culturally specific interventions.

Indian Health Council, Inc., located in Pauma Valley and Santa Ysabel, has a domestic violence program called, "Peace Between Partners," which consists of shelter, crisis line, counseling, and anger management classes. The Indian Health Council, Inc. (2000) developed a training called, "Improving First Response to domestic violence, sexual assault, and Stalking on Indian Reservations.

Inter-tribal Council of California, Inc. has several programs that address domestic violence: Family Violence Prevention and Services Program, Rural Domestic Violence & Child Victimization Enforcement's Taking Responsibility Program, and Tribal Law Enforcement Training Program. The Family Violence Prevention and Services program serves the Sacramento and Shasta Lake areas.

The Taking Responsibility program incorporates spiritual, healing, and cultural aspects to domestic violence interventions through the "Cultural Responsibility Alliance Dedicated to Lifestyle Education by Ongoing Awareness to Restore Dignity (CRADLEBOARD)" Way. This program has domestic violence advocates serving the Sacramento, Crescent City, and Clovis areas.

Due to multi-generational trauma, Native American peoples have developed other major issues such as substance abuse, poverty, and high rates of suicide. Service providers must co-address these issues along with violence against women issues. Luna-Firebaugh (2006) reported that 85% of the domestic violence incidents handled were alcohol-related. Some programs have been innovative with interventions that address substance abuse. Some courts have mandated abusers to attend culturally compatible substance abuse programs as part of their probation and domestic violence shelters also began to integrate substance abuse programs (Luna-Firebaugh, 2006).

Legal Interventions

The University of Arizona Tribal Law and Policy Program (TLPP) conducted an evaluation on 123 VAWA STOP funded tribal programs during the period of 1996 to 2001 (Luna-Firebaugh, 2006). VAWA STOP grants created opportunities for tribes to develop and implement specific services that addressed violence against Native American women. Some examples of these services include: 76 mandatory arrest policies, protection orders available in 93% of the tribal court jurisdictions, more than 30% of tribes implemented a no-drop policy for the prosecutor, and 50% allowed for victimless prosecution.

Tribal governments have developed client-centered services through coordinated law enforcement and victim services components. Luna-Firebaugh (2006) explained that quality and continuous law enforcement training, combined with the development of domestic violence protocols, increased perpetrator arrests and deceased mutual battery arrests. Some tribes have employed tribal members as prosecutorial advocates due to their familiarity with tribal constitution and cultural implications.

Public Law (PL) 280 created more tribal leverage over criminal offenses such as violence against Native American women committed in Indian country. Goldberg and Valdez Singleton (2005) explained that, "the statute mandated shifting federal criminal jurisdiction over offenses involving Indians in Indian country to certain states . . ." (p. 1). This allows tribes to handle crimes within their own tribal territory. California is one of the mandatory states which enforces PL 280.

The statute designated new responsibilities for tribes and states. Goldberg and Valdez Singleton (2005) argued that tribes and states were challenged by the new statute due to jurisdictional uncertainty and insufficient funding for law enforcement. In states that enforce PL 280, some tribes do not yet have fully developed criminal justice systems. It is crucial for the different branches of law enforcement to train and coordinate with one another to reduce jurisdictional uncertainty.

Inter-tribal Council of California, Inc.'s Tribal Law Enforcement Training Program coordinates with the CRADLEBOARD Way to educate law enforcement and other service providers on domestic violence, sexual assault, and stalking. The training aims to increase the capacity of local law enforcement and tribal governments to decrease domestic violence in tribal communities. The trainings provide a greater understanding of PL 280 and response to tribal communities.

Identified Gaps and Needs

Native Americans may face certain challenges with mainstream service providers. Fear and distrust of Western-based practices are attributed to their long history of multi-generational trauma. The historical trauma has also contributed to substance abuse, poverty, and depression.

Service providers must be cognizant of accessibility issues and culturally competent interventions that may be more effective with this population. Tribal communities living on reservations or rural areas are often isolated from mainstream agencies. Accessibility to services is challenged by lack of transportation, telephone, or

childcare services. Language barriers may be an additional issue for mainstream service providers due to words such as sexual assault, rape, and domestic violence not utilized in tribal languages. Co-occurring issues such as substance abuse, poverty, and depression need to be addressed by service providers.

The size of the community affects confidentiality, which is common in rural areas. It is difficult to keep matters private in a close-knit community. Native American women fear cultural isolation and tribal survival if they discuss domestic violence. Hamby (2004) revealed that tribal survival might be jeopardized if a victim decides to prosecute a tribal member and possibly remove the person out of the community. Native American women also fear that their child may be removed from the family or tribe.

Indian Health Service (IHS) facilities are valuable resources within tribal communities, as they assist by developing a sexual assault response team (SART) and conducting evidentiary exams. Hamby (2004) noted that many IHS facilities do not have specific protocols for handling sexual assault victims. These facilities can alleviate lengthy distances for service providers and victims and facilitate a time sensitive evidence collection process. This can also be a prime location for service providers to provide outreach.

The development and implementation of cultural competency training, law enforcement jurisdiction, and victim services are on-going issues. It's pertinent to understand PL 280 and learn how to respond in a culturally sensitive way in tribal communities due to the multi-generational traumatic experiences.

Based on evaluative findings, Luna-Firebaugh (2006) made recommendations to the National Institute of Justice to enhance tribal VAWA STOP programs. The recommendations include improvements in training, victim services, law enforcement, and prosecution. Clear protocols, interagency coordination, and consistent, on-going training are needed to clear up confusion on tribal policy and jurisdiction issues. Luna-Firebaugh noted that some tribes do not have fully developed tribal court systems and sufficient law enforcement staff.

Chapter 3: Women Living in Rural Communities

Current Knowledge

Rural areas may be vast, but population density tends to be lower. Domestic violence and sexual assault victims in rural areas tend to be more isolated and have limited access to services. Lack of transportation and telephones and lengthy law enforcement response times can make it difficult to seek assistance. The rural terrain also makes it easier to stalk a victim due to lack of street lighting and telephones.

, The relationship between the victim and abuser/ perpetrator is at a higher degree of familiarity because of the close-knit community. This can create barriers with confidentiality and anonymity of women who are subjected to domestic violence or sexual assault. Additionally, the high familiarity within the rural community means that the woman and perpetrator may have relationships with service providers, which can create tension and re-traumatization. Women may be reluctant to seek services due to fear that individuals may see them coming out of the building or see their vehicle in the parking lot.

Current and Sample Practices

Victim Services

Women living in rural areas are often underserved due to lack of available and accessible resources. Grossman, Hinkley, Kawalski, and Margrave (2005) stated that approximately 18% of domestic violence victims received services from programs in Illinois rural counties versus 44% of victims receiving services in urban areas. In this comparison study, 16 agencies served urban clients in one county whereas 17 agencies served rural clients in various counties, which showed that urban clients have more accessibility.

The vast rural areas make it challenging for women to access services. Common barriers revealed in several studies were lack of transportation, distance to services, lack of confidentiality, and housing.   Logan, Evans, Stevenson, and Jordan's (2005) study identified the following challenges: cost of services, lack of awareness of services, and misperception of services. Van Hightower and Gorton (2002) reported that only 25% of abused women utilized the Safehaven DV Shelter in Donaldson County, TX and approximately 40% sought healthcare for injuries and were screened for domestic violence. The low utilization of shelters may be attributed to the victims' need to stay closer to family and friends.

There appears to be differences within rural and urban areas regarding ease in seeking services. Grossman et al. (2005) recognized that rural clients needed twice as much assistance with transportation and education/ training compared to urban clients. Logan, Walker, Cole, Ratliff, and Leukefeld's (2003) domestic violence study indicated that, "90% of rural women reported that they were homeless compared to 20% of urban women" (p. 89). Within the same study, "one out of five households had no autos or phones" (Logan et al., 2003, p. 85).

Rural women disclosed various reasons for not accessing services from service providers. Logan et al. (2005) indicated that women were afraid of community and family backlash, confidentiality concerns, and lack of sensitivity. In Logan's et al.

(2003) study, rural women reported less social support so they coped by spending time driving alone, containing their feelings, and trying to ignore the abuser. In this same study, rural women reported more health issues and lower self-esteem compared to domestic violence victims in urban areas.

There have been serious attempts to challenge the identified barriers in rural communities through creative and innovative ways. The Internet has been a forum for survivors to connect to rural resources and to other survivors (Logan et al., 2005). The Internet also provides a sense of anonymity and confidentiality for women and decreases isolation. The Rural Womyn Zone, www.ruralwomyn.net, (1995) is a website that provides a forum for women living in rural areas. It contains chat rooms and resources on violence against women specific to the rural area.

California Coalition Against Sexual Assault (CALCASA) (2001) created an information packet called, "Changing public perceptions of sexual assault in rural communities." This resource was designed to assist rape crisis centers in rural areas. It provides techniques on how to collaborate with potential partners in the community, in particular faith communities and businesses. The suggestions are cost efficient, creative, and resourceful.

Legal Interventions

Rural communities tend to have more conservative views and patriarchal attitudes. This can make it difficult to address domestic violence within the criminal justice system, where it is mostly dominated by men (CALCASA, 2001). Van Hightower and Gorton (2002) reported that over 60% of women expressed dissatisfaction with law enforcement interventions due to lack of adequate information on available options, insensitive treatment, and more accommodations for abusers needs than survivors' rights and safety. Women also asserted that district attorneys did not file charges against the batterer or reduced charges without informing them.

The majority of law enforcement responses supported the women's assertions. (Van Hightower & Gorton, 2002). Only one law enforcement interviewee asserted that the job was to "protect the abuse victim" and didn't feel enough was done to protect them. The remaining administrators viewed the protection of victims and batterers as equally important.

In some cases, law enforcement did not follow state mandates and protocols were unclear. This was noted in Van Hightower and Gorton's (2002) study where law enforcement failed to provide written information on available services to victims. Mandatory arrest policies can be unclear due to the levels of experience and training of officers and absence of standardized procedures. This can contribute to improper assessments of arrests. In Texas, a decision to arrest was complicated by victim's credibility (Van Hightower & Gorton, 2002). One law enforcement interviewee stated that, "the goal is never make an arrest; our goal is to hopefully find a solution to where they can handle their problems without going off at each other, preferably to move to counseling (Van Hightower & Gorton, 2002, p. 859).

Rural women experience the district attorney's reluctance to incarcerate or prosecute batterers. Van Hightower and Gorton (2002) revealed interview data that was indicative of victim-blaming attitudes within the criminal justice system. In Logan's et al. (2005) study, rural women asserted that criminal justice decisions were based on "who

you knew" and that "prosecutors did not like dealing with rape cases, so they choose not send the cases to the grand jury" (p. 605).

Law enforcement education and training appears to be an on-going issue. Van Hightower and Gorton (2002) report that only 16 out of 560 training hours were dedicated to domestic violence whereas 46% of calls for police assistance are domestic violence related. A rural law enforcement coalition called, "The National Center for Rural Law Enforcement (NCRLE)" strives to increase education/ training, technical assistance, and implements model policies and procedures manuals for rural law enforcement officers (n.d.). NCRLE utilizes the Internet to provide technical assistance to fellow officers and provide a forum to improve services. NCRLE developed a rural sexual assault curriculum development project.

Identified Gaps and Needs

Women living in rural areas who experience violence continue to be an underserved population. Rural women are still an underserved population due to limited resources, distance, transportation, and isolation. Lack of confidentiality and anonymity are prevalent within rural areas due to the smaller, tight knit communities. All of these barriers hinder women from reporting domestic violence or sexual assault to law enforcement and accessing additional victim services. Logan et al. (2005) argues that more studies need to be done to examine the overall process of service seeking and utilization in rural areas.

Rural women may live in areas where service providers are not within close proximity. Service providers may have to travel longer distances to support women than urban areas. Public transportation is limited in rural areas, which makes accessibility more difficult. Abused women may lack transportation to follow-up with criminal justice proceedings, obtain shelter, or counseling services. First responders are usually law enforcement officers; therefore, it is crucial that they receive on-going education and training to protect victims. It would be helpful for law enforcement to coordinate with other service providers to ensure confidentiality and anonymity of women affected by domestic violence or sexual assault.

Lack of funding also prevents women from receiving adequate services. Lewis (2003) recognized that funding might be a burden for some rural agencies whose caseloads are based upon urban caseloads. It may take additional time and money to process rural cases due to lengthy distances and less stranger rapes (Lewis, 2003). Funding is also low for continuing education of law enforcement (Van Hightower & Gorton, 2002).

Chapter 4: Women with Disabilities

Current Knowledge

A majority of persons with disabilities have experienced some form of oppression and dehumanization. Asexuality is a common stereotype for persons with disabilities, which attributes to the belief that they are unable to be raped or sexually assaulted (Nosek, Foley, Hughes, & Howland, 2001). Women with disabilities are vulnerable to crimes of domestic violence, sexual assault, and stalking. Due to this vulnerability, many women with disabilities have experienced some type of abuse, which often times is chronic. Stimpson and Best (1991) estimated that 70% of women with disabilities have been victims of violent sexual encounter at some time in their lives (cited in Elman, 2005).

Women with disabilities experience additional types of abuse that differ from standardized domestic violence models. Deaf Hope, a domestic violence and sexual assault agency in Oakland, provides services to women with disabilities. Deaf Hope (2004) developed a power and control wheel that defines types of abuse specific to deaf women. Some examples include abusers' intimidating their partners with body language in American Sign Language (ASL), making fun of their ASL style, or signing very close their face when angry.

Nosek, Foley, et al. (2001) identified abuse that was specific to women with disabilities. Gilson, DePoy, and Cramer (2001) indicated that abuse towards women with disabilities could include withholding or sabotaging assistive devices, medications, or personal assistance. This makes it physically difficult for women with disabilities to leave abusive relationships. They may also be financial dependent on caregivers. These caregivers can also be husbands or boyfriends. Women with disabilities may rely on significant others or caregivers for assistance in activities of daily living (ADL) and financial assistance.

Domestic violence can cause permanent physical impairments. Service providers must not assume that the disability was something women were born with. Some direct effects of long-term injuries include traumatic brain injury, disabilities, and chronic pain (Plichta, 2004).

Sexual violence may be perpetrated by individuals that are family, friends, and/or helping professionals. Other than home, assaults can occur during doctor appointments, at residential facilities, or in para-transit vehicles (Nosek, Foley et al., 2001). Due to stereotypes of asexuality, victims may be labeled "unbelievable victims."

Current and Sample Practice

The Americans with Disabilities Act (ADA) of 1990 was created to address discrimination towards individuals with disabilities and ensure equal opportunities (U.S. Department of Justice, n.d.). This mandate requires that service providers offer accessible and accommodating services for women with disabilities that experience domestic violence or sexual assault. This includes program and physical accessibility.

In multiple studies, service providers reported that they were able to assist women with disabilities, but the level of accommodations and accessibility for the types of

disabilities varied. Women with mental illness or mental retardation accessed services far more than women with other disabilities (Center for Research on Women with Disabilities [CROWD], 2000; Chang et al, 2003; Frantz, Carey, & Bryen, 2006). Chang et al. (2003) reported that over 70% of women with mental retardation have received more services from domestic violence programs in North Carolina. domestic violence and sexual assault programs in Pennsylvania assisted 96% of women with mental illness and 89% of women mental retardation (Frantz et al., 2006).

Service providers face certain challenges in ensuring accessible and accommodating services for women with disabilities. Some reasons include lack of funding for structural changes and programmatic materials (Chang et al., 2003; Frantz et al., 2006). Physical and programmatic accessibility should exist in shelters, police stations, courthouses, and emergency rooms; common places in which all abused women may need assistance.

Women with disabilities may need accommodations for a seeing-eye dog or personal care attendant at shelters. Chang et al. reported that about 70% of shelters could accommodate seeing-eye dogs and almost 60% of shelters accommodated personal care providers in North Carolina. Contrary to the Chang et al. study, CROWD (2000) reported that personal care attendant services were available in only 6% of abuse programs.

Disabilities other than mental illness or mental retardation appear to be more underserved. CROWD (2000) revealed that for almost half of the domestic violence programs, less than 1% of their clients served within the past year had physical impairments. In Chang's et al. (2003) study, 38% of women with hearing impairments and 25% with visual impairments received services.

While outreach, training, and collaboration are essential components of domestic violence/sexual assault programs, research showed that this was also an underserved area in terms of serving women with disabilities. Although service providers acknowledged the relevance of providing community presentations and printed materials, only 16% of 49% service providers actually offered presentation and 13% of 40% provided printed information specifically for women with disabilities (CROWD, 2000). In this same study, only 16% had a program staff member dedicated to assist women with disabilities.

Several service providers have demonstrated ways to assist women with disabilities. A more in depth discussion of physical and program accessibility will be discussed later. A Safe Place in Texas has a program called Disability Services ASAP (A Safety Awareness Program) (Cameron & Abramson, 2002). The program provides shelter and advocacy for individuals with disabilities who have experienced sexual assault, domestic violence, or caregiver abuse.

Deaf Hope (2004) provides domestic violence and sexual assault services to women and children in Oakland. These include the following services: TTY Hotline available 24-hours a day, counseling, support groups, advocacy, accompaniments, and shelter. Women also have the option of utilizing instant messaging or video phone. They have childcare during support group hours. Deaf Hope offers parenting groups to survivors of domestic violence and sexual assault. In conjunction with the parenting groups, deaf or hearing children can participate in an art therapy group. An important component of Deaf Hope services is training and technical assistance to other service providers to increase cultural competency towards the Deaf community.

Peace Over Violence formerly known as Los Angeles Commission on Assaults against Women (LACAAW) developed and implemented a "Deaf, Disabled & Elder (DDE) Services program." Services include counseling, advocacy, accompaniments, and personal security and self defense classes. Counseling can be provided over telephone, TTY or video phone. Peace Over Violence has staff that use ASL.

LACAAW (2005) developed resource manuals called, "Deaf services manual: A reference guide for service providers" and "Disabled services manual: A reference guide for service providers." These manuals provide other service providers with suggestions to improve accessibility and accommodations to women with disabilities. LACAAW was key in organizing the "Right Response Conference" to educate law enforcement and prosecutors.

CALCASA (2001) created an educational manual called, "Creating access: Serving survivors of sexual assault with disabilities" for service providers, particularly sexual assault agencies in California. It assists organizations to increase accessibility and outreach to victims with disabilities. They also hosted a conference specifically on sexual assault and women with disabilities to educate sexual assault agencies on victims with disabilities.

The U.S. DOJ ADA (2006) has publications that assist law enforcement with responding to individuals with disabilities. One publication addresses communicating with persons who are deaf or hard of hearing. It includes tools for interviewing victims, witnesses, and suspects who have disabilities. Law enforcement can also utilize a video, "Police response to people with disabilities," which is specifically designed for roll-call training.

Identified Gaps and Needs

Research revealed numerous studies that focused on the prevalence of abuse and the extent of underserved women with disabilities. Additional research needs to be conducted on women with disabilities' ease of accessing common places where victims seek assistance such as police stations, courthouses, and emergency rooms (Frantz et al., 2006). Studies provided recommendations on improving programs, but minimal studies discussed implementations of these recommendations. According to several research studies, it does not appear that service providers are abiding by ADA requirements.

A majority of service providers appear to be operating under standardized domestic violence and sexual assault models, which discounts experiences of women with disabilities. This contributes to the under- reporting of abuse and service providers' inability to adequately identify abuse. It is necessary that service providers receive training around disability-related issues and collaborate with disability-related organizations to ensure appropriate services. Multiple studies revealed gaps in the following areas: sufficient training disability-related issues, shelter accommodation, interpreters for ASL and Braille, and access to disability-related equipment (Chang et al., 2003;; Milberger et al., ; Elman, 2005; 2003; Frantz et al., 2006). Service providers identified the need for additional funding and staff in order to make appropriate structural and program changes.

Chapter 5: Victims of Sex Trafficking

Current Knowledge

The Trafficking Victims Protection Act (TVPA) (Public Law 106-386) of 2000 defines sex trafficking as "any act involving force, fraud, coercion, or in which the victim of sex trafficking is a child incapable of giving meaningful consent" (Office to Monitor and Combat Trafficking in Persons, 2006). Different types of sex trafficking include prostitution, pornography, live sex shows, mail order brides, and sex tourism. Women are lured into sex trafficking by false promises, sold by family, or kidnapped.

 The Office to Monitor and Combat Trafficking in Persons (2006) estimated 600,000 to 800,000 persons to be trafficked internationally. On a national level, trafficked persons within the U.S. range from 18,000 to 20,000 (U.S Department of Heath and Human Services' [DHSS] Rescue and Restore Campaign, 2004b). The Human Rights Center (2005), reports that, "80% of forced labor cases in California are concentrated in three urban centers: San Diego, Los Angeles, and the San Francisco Bay Area" (p. 10). Due to the sophisticated organization of the crime, it may be difficult to track down traffickers and victims.

The Human Rights Center (2005) estimated that about 50% of forced prostitution and 5% of mail order brides account for California's economic sector. The majority of victims are women. Victims face debt bondage, physical, and psychological abuse from sex traffickers. They are vulnerable to abuse and sexual assault by the trafficker or multiple perpetrators and face serious health risks. Sex traffickers often threaten to shame the victim and her family by disclosing her involvement or threaten to reveal their undocumented status (U.S. DHHS' Rescue and Restore Campaign, 2004a; Human Rights Center, 2005). Victims are often isolated from families and may build a traumatic bond with the perpetrator.

The Internet is a major contributor to the sex trafficking industry. According to May (2006c), the Bay area website www.myredbook.com provides a fast and anonymous way for johns to view and rate sex workers. Sex workers rely heavily on the website to develop customers and a following. The website contains over 55, 000 reviews of northern California sex workers (May, 2006a).

According to the www.myredbook.com, over 90 massage parlors sell sex in San Francisco, CA (May, 2006a). Thirty-seven of those parlors have massage permits issued by the Department of Public Health. Women have also been placed in Asian apartment massage parlors, where business is advertised by talk on the street. May (2006a) reported that police found residential Asian brothels in Livermore, Concord, San Mateo, and Santa Clara in 2004 and 2005.

Current and Sample Practice

Trafficking Victims Protection Act (TVPA) of 2000: Benefits and Services

The Trafficking Victims Protection Act of 2000 (Public Law 106-386) was enacted to combat trafficking through prevention, protection, and prosecution. It established the T-Visa, which allows victims of trafficking to become temporary residents of the U.S. (U.S. DHHS' Rescue and Restore Campaign, 2004b). Three years

after issuance of temporary resident status, victims are eligible to receive permanent residence status. In some situations, victims may have family members who also qualify for a derivative visa.

TVPA 2000 also created federally funded benefits and services through the U.S. DHHS' Office of Refugee Resettlement (ORR). Victims of trafficking are eligible for benefits and services once they have received certification. The process of certification includes meeting the definition of a victim of human trafficking as defined by the TVPA, a willingness to assist with investigation and prosecution of traffickers, completion if a bona fide application for a T-Visa or receipt of Continued Presence status from Department of Homeland Security (U.S. DHHS' Rescue and Restore Campaign, 2006). Victims who are under 18 years of age are exempt from this process and are immediately eligible for benefits.

The California Department of Social Services (CDSS) Refugee Programs Bureau (RPB) disseminates benefits and services. Victims of trafficking are eligible for refugee cash assistance, CalWORKS, SSI, medical assistance, Medi-Cal, employment social services, and food stamps (CDSS: Human Trafficking Fact Sheet, 2006). Through the CDSS Refugee Resettlement Program, federal funding is allocated to certain counties to assist victims of trafficking. Mutual Assistance Associations (MAA) are community-based organizations that assist refugees with services such ESL classes, employment training, cultural preservation information, and social adjustment assistance. A list of California MAA is listed on the CDSS RPB website http://www.dss.cahwnet.gov/refugeeprogram/MAAs_34.htm.

CDSS RPB (2006) reported the specific organizations that were recipients of ORR trafficking grants: Asian Pacific Islander Legal Outreach, Coalition to Abolish Slavery and Trafficking (CAST), Crisis House, Inc., Legal Aid Foundation of Los Angeles (LAFLA), Saint Anselm's Cross Cultural Community Center, San Diego Youth and Community Services, and Standing Against Global Exploitation (SAGE). Catholic Charities of San Jose provides services for unaccompanied refugee minors (URM). These organizations are able to provide social services, shelter, advocacy, and legal services to victims of sex trafficking.

Innovative Strategies to Combat Sex Trafficking

An interagency statewide task force called the California Alliance to Combat Trafficking and Slavery (CA ACTS) was formed to combat trafficking. The task force, chaired by the California Attorney General, evaluates the state on efforts towards preventing, protecting, and providing assistance to victims. It identifies programs on a federal, state, and local level that can provide direct services to victims. The CA Attorney General's Crime and Violence Prevention Center noted several organizations that can assist survivors such as CAST, Bilateral Safety Corridor Coalition, and Asian Pacific Islander Outreach.

Coalition to Abolish Slavery and Trafficking (CAST[(2005]), a Los Angeles based organization, provides multiple services to victims of trafficking and has assisted over 200 victims of trafficking. CAST offers social services, legal services, shelter, and training and advocacy. The shelter is specifically designed to meet the needs of victims of trafficking. They collaborate with law enforcement and governmental agencies to ensure criminal prosecution. Advocacy is carried out for survivors in order for them to

gain Continued Presence and legal status through T-Visa, U-Visa, and VAWA. CAST coordinates with pro bono attorneys and inaugurated the Trafficking Legal Clinic (TLC). Thus far, CAST has trained over 3000 individuals, who represented social services, faith-based communities, law enforcement, and governmental agencies.

Legal Aid Foundation of Los Angeles (LAFLA) (2007) assists victims of trafficking through legal services, advocacy, and training. LAFLA helps with victims to obtain public benefits, employment authorization and processes T-Visa and U-Visa applications. The organization provides outreach to community and faith-based agencies in Los Angeles and Orange County areas.

LAFLA has a STOP the Traffic project that provides free training on human trafficking throughout the U.S. LAFLA has free legal resource materials and conducts web-based trainings. Training participants have included legal advocates, social services, and law enforcement. Trainings educate service providers on how to identify victims of trafficking and provide appropriate assistance.

Asian Anti-Trafficking Collaborative (AATC) is made up of API Legal Outreach, Asian Women's Shelter, Donaldina Cameron House and Narika. They provide victim-centered and comprehensive case management for victims of trafficking. The target populations are mostly API victims in the San Francisco Bay area. The collaborative provides legal services, social services, and emergency shelter. AATC's services are culturally competent and language accessible, representing over 20 API languages and Spanish.

CALCASA (2003) has created a manual called, "Breaking Barriers: Immigration issues and sexual assault prevention", which provided service providers with pertinent information on trafficking. The manual examines different types of legal protection, intervention, and prevention techniques for immigrant communities. The manual includes appendices of immigration attorneys and agencies that have been approved by the Bureau of Citizenship and Immigration Services (BCIS).

Direct Services for Trafficked Victims

Research assessed various opinions regarding what role domestic violence programs play in addressing sex trafficking issues. AATC (2005) proposed domestic violence programs have potential in assisting victims of sex trafficking. AATC explained that trafficking is similar to domestic violence and sexual assault in the sense that all issues are rooted in power and control and exploitation. Trafficked women may seek services at domestic violence agencies because the organizations are safe and confidential, have shelter, and the trafficked women may be survivors of domestic violence. AATC (2005) noted, however, that victims of trafficking may not identify themselves as "trafficked." Trafficked women may need lengthier shelter stay due to slow-moving cases, cultural, and social adjustment. Public benefits may take longer to process.

Some research asserts that domestic violence and homeless shelters may not be appropriate for victims of trafficking (Human Rights Center, 2005). These types of shelters are limited in accommodating multiple victims, longer shelter stays, and security. Most shelters lack education and training on trafficking issues.

Due to the sophisticated operations of sex trafficking, victims are viewed as prized commodities, which can complicate matters at shelters. Some traffickers may

attempt to break into shelters to retrieve victims. A director of a Nor-Cal shelter argued that "shelters lacked security measures to protect trafficking survivors from perpetrators, especially highly organized, extensive, and well-financed trafficking" (Human Rights Center, 2005, p.17). This comment was derived from a high profile trafficking case in Berkeley, CA in which two men were disguised as police officers, one armed, and tried to enter the domestic violence shelter to remove two of the victims.

Domestic violence service providers should be conscious of how assistance is offered to victims of trafficking. Victims should not be forced to participate in services due to different issues and needs. The Human Rights Center (2005) stressed services needed to take into account cultural differences due to standard Western approaches being experienced as confusing, offending, or alienating to victims. Support groups may also be challenging for victims that have been socially isolated as an impact of sex trafficking.

Domestic violence programs can assist trafficked victims by providing basic necessities, interpretation, independent living skills, ESL classes, job training and placement, legal services, and safety planning (AATC, 2005; Dabby, n.d.). In addition to these recommendations, Dabby (n.d.) suggested that shelters could support victims by facilitating proper identification documents, haircuts and clothes that make them less identifiable to traffickers. Trauma counseling is also needed by the survivors. It is important for domestic violence advocates to coordinate with relevant agencies such as law enforcement, federal authorities, and Child Protective Services (CPS).

Criminal Justice Response to Trafficked Victims

The criminal justice system serves an important role in combating sex trafficking. Victims of sex trafficking are often involved in criminal acts such as prostitution. Law enforcement's ability to identify victims and traffickers and coordinate with other service providers is a necessary component of victim services. In order to provide the most effective services, on-going training and education is pertinent to increase knowledge of how to recognize victims of trafficking, become familiar with victims' reactions and behaviors, and learn of other victim services.

It can be challenging for law enforcement because sex trafficking crimes require a different legal process and theoretical framework than "prostitution."   Schauer and Wheaton (2006) argued that law enforcement typically operates from a "prostitution paradigm," which can contribute to confusion, increased arrests of trafficked victims, and deportation. The prostitution paradigm is "the women selling sexual favors are the criminals; the men buying those service and the men in support of the enterprise are either not committing criminal acts or are committing lesser infractions" (Schauer & Wheaton, p. 159). Schauer and Wheaton (2006) suggested that law enforcement might be able to utilize johns who have not committed attendant-related crimes such as rape or assault since they may be the first individuals to recognize trafficking.

Trafficked victims' fears or misperceptions of law enforcement should be addressed. Law enforcement officials must become familiar with the reasons for reluctance in cooperation and appropriately respond to these fears. May (2006a) reported that San Francisco police officers made weekly arrests for prostitution in massage parlors, but they communicated with women that if they cooperate, they wouldn't go to jail. This approach helped to counteract victims' fears ms that they will be deported if

they seek assistance. Trafficked victims have other experiences that feed distrust of law enforcement:police in the home country are affiliated with trafficking; traumatic bonding; family retaliation (Human Rights Center, 2005; AATC, 2005; May, 2006a).

Law enforcement officials may perpetuate these misperceptions if they are uneducated on the issues. Uneducated officials may perceive victims as culprits if they appear uncooperative or resistant. May (2006c) interviewed You Mi Kim, a former victim of sex trafficking, who was cooperative, but was still charged with prostitution, fined $1000, mandated to attend an AIDS class, and given 180 hours of community service. You Mi Kim disclosed her trafficking story to a Korean officer, but she was not given any referrals for victim services.

Education and training are especially crucial for law enforcement due to their position of power in deciding to issue a law enforcement agency endorsement of a trafficked survivor's visa application. This certification states that victims are cooperating with law enforcement and local prosecutors, which is essential in order for victims to qualify for a T-Visa and social services (U.S. DHHS' Rescue and Restore Campaign, 2006; Human Rights Center, 2005).

Law enforcement will need to coordinate services on different levels with federal authorities or direct service providers. May (2006b) pointed out an example of coordination of federal and local officers during Operation Gilded Cage, a federal raid that indicted 45 Koreans in Los Angeles and San Francisco. Only a few massage parlors were shut down. API Legal Outreach assisted victims with obtaining T-Visas. Additionally, local law enforcement must work with federal authorities to assist with family relocation to avoid retaliation from traffickers or (Human Rights Center, 2005) by facilitating the process of derivative visas for their families.

Law enforcement and health inspectors can use other criminal related acts to combat sex trafficking. Schauer and Wheaton (2006) suggested that law enforcement examine other possible sex trafficking related crimes such as document fraud, money laundering, migrant smuggling, and prostitution. May (2006a) explained that city inspectors cited massage parlors in San Francisco with inadequate ventilation, improperly attired employees, using a bed instead of a massage table in one room. These citations can revoke or suspend permits.

Identified Gaps and Needs

Victims of sex trafficking remain an underserved group. No extensive research was conducted on this population due to the nature of this crime. Trafficking is highly organized and often consists of multiple perpetrators. Schauer and Wheaton (2006) believe that it is difficult to determine the extent of sex trafficking because of : 1) underground and mobile nature, 2) government corruption in source countries, 3) precise definitions not followed, 4) local police struggle under a prostitution paradigm, and 5) government limits knowledge due to political reasons.

Victims of sex trafficking often become compartmentalized in victim services targeted for domestic violence and sexual assault. Domestic violence and sexual assault service providers are often untrained on sex trafficking issues and current services do not adequately address victims' needs. Shelters are usually unavailable and inaccessible to trafficked victims or victims are unfamiliar with the criminal justice process. Victims

experience language barriers and lengthy wait time to receive benefits and services. Victims of trafficking may need longer-term services for reintegration and rehabilitation.

Sex trafficking victims may go through trauma that domestic violence/sexual assault service providers are not equipped to handle. Dabby (2005) explained that sex trafficking victims experience complex trauma consisting of forced abortions, hysterectomies, or giving up a child for adoption. In other instances, victims may have substance abuse problems due to traffickers pushing victims into drug use or drugging them to work long hours. Victims may also be using drugs to numb the physical and/or emotional pain.

There is a need to increase training and education for direct service providers in order to appropriately assist victims of sex trafficking. Clear protocols and policies should also be implemented to understand the role of service providers who do not typically assist this population. Collaborations and coordination of services helps to identify potential allies and develop necessary services.

The actual distribution of T-Visas appears to be low. Despite the TVPA of 2000 permitting up to 5,000 T-Visas each year for victims of severe forms trafficking, Webber and Shirk (2005) reported that only 491 victims received T-Visas within a four-year period from 2001-2005. Webber and Shirk explained that low disbursements of T-Visas could be attributed to "imperfect nature of trafficking estimates, misidentification of victims by law enforcement, conditional nature of victim protections, and overly restrictive eligibility requirements for T-Visa" (p. 8).

Law enforcement training and education appear to be an identified need especially for local and state law enforcement. Federal authorities are receiving training on identification of victims. Local and state law enforcement agencies are still new to these issues due to human trafficking being defined as a federal crime so they need additional training to improve their skills in this area. May (2006a) indicated an increased need for staff at the San Francisco Police Vice unit due to the number of Asian massage parlors doubling in San Francisco within two years.

Webber and Shirk (2005) proposed that "more training and coordination among law enforcement and victim assistance professional as a means of promoting both increase access to TVPA protections and greater victim cooperation in investigations and prosecutions" (p. 9). The Human Rights Center (2005) recommended that training be focused on distinguishing a forced labor situation from a case of undocumented immigration and understanding the law enforcement agency (LEA) endorsement preparation process to expedite immigration relief.

Chapter 6: Incarcerated Women

Current Knowledge

Over the last several decades, it has been noted that women have become the fastest growing segment of the U.S. prison population (Sharp, 2003). For example, the U. S. Department of Justice, Bureau of Justice Statistics (USDOJBOJ, 1999) reports that approximately 1% or 950,000 women in the United States are currently within the custody of the correctional system (U.S. Department of Justice Bureau of Justice Statistics [USDOJBOJS), 1999), More specifically, of those women involved in the correctional system, approximately 150, 000 are actually incarcerated in jails or prisons while the remaining are in community programs or probation (Bradley & Davino, 2002; USDOJBOJS, 2000). It is important to note that women involved in the criminal justice system are disproportionately more likely to have experienced domestic and interpersonal violence prior to custody than are women in the general population (Bradley & Davino, 2002; Browne, 1999; Chesney-Lind, 1997; Marcus-Mendoza & Wright, 2003; USDOJBOJS, 2000).   A seminal study (Browne, Miller & Maguin, 1999) of 150 incarcerated women in New York found high incidents of both childhood physical abuse and pre-prison interpersonal violence victimization among the study participants. In fact, 75% of the sample reported severe physical abuse by an intimate partner while 49% reported having been raped. The domestic and intimate partner violence reported by the women in this study was noted as more severe in nature, more frequent and ongoing than what has been reported by the general population. This study corroborates a growing body of research documenting high incidents of pre-incarceration intimate partner violence victimization (Browne, 1999; Chesney-Lind, 1997; Cramer & Scott, 2006; Marcus-Mendoza & Wright, 2003; USDOJBOJS, 2000).

Despite the significant experiences of interpersonal and domestic violence as interfacing factors to incarceration or custody, women victims of domestic violence are predominately viewed as perpetrators of illegal acts leaving the reality of their interpersonal victimization unaddressed and untreated. The fact that some women are forced by their abusers to actually engage in illegal activities means that jail or prison may be indeed be seen as a safe escape route for abused women. However, these dynamics of the domestic violence relationship most often go unrecognized in rehabilitation services (Cramer & Scott, 2006).

When exploring criminogenic conditions or risk factors for potential incarceration of women, several studies have identified a cluster of influences and experiences in the lives of female inmates (Bliss, Cook & Kaslow, 2006; Bradley & Davino, 2002; Crammer & Scott, 2006; Greene, Haney, & Hurtado, 2000; McNamara & Fields, 2002): poverty, physical abuse, psychological abuse, sexual abuse, traumatic events, and witnessing violence. Greene, Haney, and Hurtado (2000) conducted a study that showed that violence in domestic relationships can lead to drug-addiction and incarceration (p. 3). Interview results indicated that some participants remained in their abusive relationship because it was their main source of drug supply (p. 12). Furthermore, researchers discovered that more than one-half (58%) of the incarcerated women admitted to being in physically and sexually abusive relationships in the past (p. 12). Such experiences correlate with low self-esteem, substance abuse, and were

associated with such criminal behavior as assault, fraud, and robbery. Of these risk factors, physical, psychological and sexual abuse may be the most significant in terms of women's increasing vulnerability to involvement in the correctional system (Marcus-Mendoza & Wright, 2004).

While a majority of incarcerated women who have histories of interpersonal and domestic violence are in custody for non-violent crimes (Bradley & Davion, 2003), some have been incarcerated for crimes of violence against their abusers. Hamlett (1998)) has identified a typology describing a woman's motivation for perpetrating violence against an abusing partner either out of desperation or self defense. These include: *Primary Physical Aggressors, Self-Defense* and the *Never-Again Mode*. *Primary Physical Aggressors* are thought to use violence as a form of controlling and gaining power over their male partners. Women who use violence as a form of *Self-Defense* do so to escape the violence that their partners are imposing upon them and attempt to fight back unsuccessfully. Finally, other women operate in the *Never-Again Mode*, which categorizes some women who have a history of severe violence victimization. This group utilizes violence as a desperate means of escaping further victimization or even attempted murder by their intimate partners. Data indicates that at least 50% of women in prison for murder were victims of abuse and/or were being abused at the time of the murder (Sharp, 2003). In fact, of those women who have been convicted of manslaughter or murder, "many [have] killed husbands or boyfriends who repeatedly and violently abused them" (p. 7).

Current and Sample Practice

It is well documented that the mental health and physical health care needs of incarcerated women remain underserved and often unmet (Bradley & Davino, 2002). Bradley and Davino (2002) and others (Belknap, 2003; Marcus-Mendoza & Wright, 2004; Richie, 2000) note that when services for women inmates exist, they have been traditionally based on program models designed for men.

In recent practice there has been a call for gender-specific interventions in prison that "empower women and lead to positive life changes once they are released" (Marcus-Mendoza & Wright, 2004, p. 251). This feminist approach to interventions allows for incarcerated women to examine their abuse and involvement in crime within the larger context of their lives. For example, Relational-cultural theory highlights the significance of healthy personal growth within the context of health relationships and connections (Jordan & Hartling, 2000). The focus of such work is personal empowerment and enhancement of self-esteem, which facilitates the capacity to become involved in healthy relationships that are based on respect, mutual empathy and empowerment (Marcus-Mendoza & Wright, 2004, p. 251). Cramer and Wright (2006) also write about programs in women's correctional facilities that have the expressed goal of empowerment for abused women (p. 33). Greene, Haney & Hurtado's (2000) research of risk factors in the lives of incarcerated mothers supports the effectiveness of a feminist and gender-specific approach. These authors cite the significance of not only identifying the experiences of abuse within the life context, but also working to identify self-efficacy and personal strategies to overcome the internal and external barriers to empowered living.

However, Marcus-Mendoza and Wright (2004) correctly point out the main challenge with programs such as these is that they occur within correctional facilities which punish resistance and are based on power differentials, relational disconnection and patriarchy (p. 252). So, as Marcus-Mendoza and Wright note, "feminist therapists are caught in a paradox where they attempt to empower women while also helping them survive in, and conform to, the oppressive prison environment" (p. 252). In sum, the idea of empowering incarcerated women is theoretically possible but it is enacted in a contradictory environment, which has made the probability of success challenging without further system-wide change in prison rehabilitation models and programming.

Despite the challenges inherent in employing gender-specific programming in a contrary environment, several prisons across the U. S. have been offering such services. Marcus-Mendoza & Wright (2003; 2004), Cramer & Scott (2006) and Zaplin (1998) identified several successful gender-specific programs, which are summarized below in Table B1.2.

Table B1.2: Examples of Gender-Specific Programming for Incarcerated Women

Author	Program	Description	Program Components
Bureau of Justice (1998)	Delaware Mentor Program, Inc	A program aimed at successful release and prevention of return to prison. Program provided while incarcerated and through work release.	Phase I: Self-Awareness Program of 48 to 53 2-hour workshops held over 13 weeks. Modules include: self-actualization, relapse prevention, healthy relationships, employment preparation Postgraduate Phase: A weekly 2-hour group to support individual recovery plans. Results of 1996 outcome study indicate program effectiveness in reducing first-year recidivism rates for graduates (21.8%) and all participants (22.2%) when compared with baseline recidivism rate of 39.5%
Bradley & Moschella (1998)	RESPECT (The program for Women and Families, Inc., Allentown, PA	Provide treatment program specifically addressing needs of female prostitutes	A 12-hour psych educational program, RESPECT consists of four modules with the primary purpose of increasing self-efficacy and empowerment for positive change. HIV/AIDS, Sexual Health, Gender roles/Societal norms, and Sexuality. An ongoing support group is offered for those who complete the program and individual counseling for HIV+ women.
Henriques & Jones-Brown (1998)	STEP (Self-taught Empowerment and Pride Program)	Program consists of a short-term institutional component and aftercare component to support successful	Institutional component incorporates 3-step empowerment process incorporating themes of motivation, self-discipline, self-awareness, self-sufficiency, team work and positive change. This is a 10-week highly structured learning/training program. Participants must attend school; participate in occupational training and substance abuse treatment.

		release and re-entry	Aftercare Component provides weekly support group for STEP participants. Informal reviews of data indicate program effectiveness with recidivism rates of 17% to 20%.
Merrium (1998)	Use of art therapy	Use of art therapy with incarcerated women with histories of severe trauma including intimate partner violence	Art therapy provides non-verbal opportunities to access, identify and express feelings, experiences and thoughts; provides a voice for such feelings and experiences in safe and restorative environment; increases self-understanding, autonomy, self-esteem; restores personal empowerment and sense of control

Although there are indeed challenges to employing feminist and gender-specific programming in jails and prisons, the call remains for gender-specific approaches which address the strong and well documented link between women's experiences of interpersonal and domestic violence and involvement in criminal justice and correctional systems (Marcus-Mendoza & Wright, 2003; Mendoza & Wright, 2004; Tsenin, 2000; Richie, 2000; Widom, 2000). Likewise, the socio-ecological context of women in prison and those at risk for incarceration call for programming which addresses the concrete needs of women that can support self-sufficiency and decrease social marginalization: housing, drug counseling, mental health counseling, financial assistance, alcohol counseling, education and training, medical care (especially for pregnant inmates), family support, clothing and food, and help getting their children back (Sharp, 2003, p.172). As Green, et al., (2003) point out: "One important structural issue to be addressed in social programs designed to assist incarcerated women after they have been released is the poverty they almost inevitably will confront" (p. 18). Addressing such concrete needs of women inmates is critical for successful release and re-entry into a positive life and healthy, violence free relationships.

Identified Gaps and Needs

"There is a dire need in the criminal justice system to recognize and respond to the unique needs of women....Problems and needs specific to women are under researched and generally overlooked" (Greene, Haney & Hurtado, 2000, p. 19). Consequently, the call for gender-specific services which address the needs of women who have been victims of abuse and interpersonal violence continue to go widely unaddressed. Current research indicates that promising interventions are those that are based on feminist approaches, which engender personal empowerment, enhancement of self-esteem and self-efficacy (Covington, 2003; Girschick, 2003; Marcus-Mendoza & Wright, 2004; Richie, 2000; Greene, et al., 2000).

Relational theory, in particular, has been identified as a promising framework upon which to develop needed gender specific programming (Bradley & Moschella, 1998; Covington, 2003; Henriques & Jones-Brown, 1998; Swift, 2003). At the core of relational theory are *connections with others* that are mutual, empathic, creative, energy-releasing and empowering for all participants (Miller, 1986). The ability to heal and

develop healthy connections with others further nurtures: "(1) increased zest and vitality, (2) empowerment to act, (3) knowledge of self and others, (4) self worth, and (5) a desire for more connection (Miller, 1986 as cited in Covington, 2003, p. 118).

Similarly, gender-specific programming which addresses the larger contextual issues of poverty and social marginalization is essential. Incorporating services that address concrete needs both while in custody and at release (housing, substance abuse treatment, mental health counseling, financial assistance, education and vocational training, medical care, clothing and food [Sharp, 2003, p.172]) enable further growth and healing and establishment of healthy lives and relationships.

Chapter 7: Adolescents

Current Knowledge

        A recent and growing body of literature is documenting a growing prevalence of dating violence among teens (Center for Disease Control [CDC], 2006; Halpern, Oslak, Young, Martin, & Kupper , 2001; Howard & Wang, 2003a; Howard & Wang, 2003b; Ozer, Tschann, Pasch, & Flores, 2004; Scheiman & Zoeli, 2003; Sears, Byers, & Price, 2006; Howard & Wang's (2003a; 2003b) reviews of prevalence studies note the prevalence of non-sexual dating violence to range from 9% to a high of 65% depending on sampling methodologies and sampling pools (p. 2). For example, a CDC report in 2000 found that dating violence was experienced by 22% of high school students while 32% of college students reported experiencing violence in dating relationships (CDC, 2000 cited in Howard & Wang, 2003a, p. 2). The Halpern, et al., (2001) study of 7th through 12 graders found that 32% of their sample had reported psychological and physical violence victimization within 18 months of participating in the study.

        More recently, the Center for Disease Control (2006), analyzed the results of the 2003 Youth Risk Behavior Survey (YRBS) for prevalence rates of physical dating violence among high school students. This national survey collected cross-sectional data from 9th -12th graders across all 50 states and Washington D.C. A total sample of 14,956 adolescents responded to the survey's one dating violence question, *During the past 12 months, did your boyfriend or girl friend ever hit, slap, or physically hurt you on purpose?* (CDC, 2006, p. 533) Overall findings indicated that 8.9% of respondents (m=8.9%; f=8.8%) reported physical dating violence victimization. In other words, one in 11 or nearly 1.5 million high school students are affected by physical dating violence (CDC, 2006).

        While it is important to note that prevalence rates of dating violence are influenced by the scope of the particular study, measures used, definitions of dating violence, and sampling methods, a majority of the emerging data depicts a prevalence of victimization that exists nearly equally among girls and boys (Ackard, et al., 2006; Howard & Wang, 2003a; Howard & Wang, 2003b; Howard, Beck, Kerr & Shattuck, 2005; Sanderson, Cocker, Roberts, Tortolero, & Reininger, 2004; see Chart 7).   That is to say, boys are being victimized by girls and girls by boys in dating relationships.

        Only recently have researchers begun to explore the issue of sexual orientation in relation to dating violence. For example, Freedner, Freed, Yang, & Austin (2002) surveyed gay, lesbian, bisexual and heterosexual adolescents who were attending a GLB Youth Rally in the northeastern U.S. The researchers found dating violence victimization to be prevalent among all sexual orientation groups and was similar among males and females in the study. However, when compared to heterosexual respondents and while controlling for age, results indicated that bisexual males were found to have greater odds of experiencing dating violence. Results also revealed that almost half of the lesbians reporting victimization indicated that a male partner had abused them. Victimization by both male and female partners was found among bisexual males and females. In addition to five types of dating violence, respondents were also asked about experiences of being threatened with "outing". More specifically, bisexual males were more than five times

more likely and bisexual females were more than four times more likely than gay or lesbian peers to be threatened with "outing" by a dating partner.

While gender and sexual orientation have not been associated with differences in prevalence rates of physical dating violence victimization among adolescents, ethnicity and race have been associated with differentiating prevalence rates. For example, findings of the 2006 CDC report on physical dating violence among high school youth found that Black youth (13.9%; f=14.0%; m=13.7%) experienced a higher prevalence rate of dating violence victimization than did Hispanic youth (9.3%; f=9.2%; m=9.2%) or White youth (7.0%; f=7.5%; m=6.6%). Such trends indicating higher prevalence rates among Black boys and girls followed by Hispanic youth and White youth have been supported by additional research (Howard & Wang, 2003a).

Significantly, researchers have been exploring other risk indicators of dating violence victimization (Ackard, Eisenberg, & Neumark-Sztainer, 2006; CDC, 2006; Howard, et al., 2005; Howard & Wang, 2003a; Howard & Wang, 2003b) For example, the CDC's (2006) recent analysis of the 2003 YRBS identified five risk behaviors that were significantly correlated with physical dating victimization: sexual intercourse, suicide attempt(s), episodic heavy drinking and physical fighting (p. 533). In addition, lower self-reported grades were positively associated with higher levels of physical dating violence victimization. Similarly, Ackard, Eisenberg, & Neumark-Sztainer's (2006) survey research of 1391 adolescents found that dating violence victimization was a nonspecific risk factor for both behavioral and psychological health concerns, especially for girls. Victimization was found to be significantly associated with cigarette smoking and suicide attempts for both genders. Binge eating and suicidal ideation were found to be positively associated with physical dating violence victimization for boys, while high depressive symptomology and marijuana use were positively correlated with victimization for girls. Similarly, Howard and Wang's (2003a) survey of 7,824 ninth through twelfth graders found that girls who self-reported victimization were more likely to report extreme sadness, suicide attempts, alcohol and/or drug use, involvement in other violent behaviors and participation in risky sexual behavior. Overall trends indicate that victims of dating violence are more likely to be involved in risky health behaviors than those who have not been victimized.

Several studies have more recently explored dating violence victimization and related correlates among Latino youth (Howard, et al., 2005; Sanderson, et al., 2004). Howard et al. (2005) explored possible correlations between physical dating violence victimization and involvement in risk or problem behaviors. Among a cross-sectional sample of 14-to-19-year-old Latino youth, boys and girls self-reported nearly equal prevalence rates of dating violence victimization within the last 12 months of completing the survey (f-8.9%; m=8.8%). Victimization was significantly associated with such risk behaviors as: carrying a weapon, gang involvement, binge drinking and drug use. Youth who carried a weapon were seven times more likely to have reported dating violence victimization than those youth who did not carry a gun. Youth involved in gang activities were also more likely to report dating violence victimization. Similar to findings from other studies (Ackard, et al., 2006; CDC, 2006; Howard & Wang, 2003a; Howard & Wang, 2003b), victimization was found to be positively associated with depression and suicidal ideation. In fact, boys who reported suicidal ideation were six times more likely

to report victimization than boys who did not report suicidal thoughts (Howard, et al., 2005).

Sanderson et al. (2004) explored the association between dating violence victimization and acculturation and ethnic identity among 4,225 Latino ninth-grade youth of the Lower Rio Grande Valley in Texas. Prevalence rates for the female participants of the study (8.7%) were found to be similar to findings from a majority of studies (CDC, 2006). However, the prevalence of dating violence victimization for boys (6.4%) in this study was somewhat lower than national findings (CDC, 2006). Overall findings indicated that increased acculturation was associated with increased odds of victimization, while for girls parental birthplace outside the U.S. was associated with reduced odds for dating violence victimization. In addition, high degrees of ethnic discrimination experiences among girl participants were associated with higher prevalence rates of victimization.

Current and Sample Practice

Effective prevention and intervention programs that address dating violence among adolescents are paramount if adolescent victims and perpetrators are to be reached and prevalence rates reduced. Further, addressing intimate partner violence in adolescence may decrease and even prevent the progression of such violence in adult intimate relationships (Banyard, Cross & Modecki, 2006; Cornelius & Resseguie, 2007). To this end, several researchers provided rigorous reviews of published evaluation studies of adolescent dating violence prevention programs (Cornelius & Resseguie, 2007; Whitaker, Morrison, Lindquist, Hawkins, O'Neil, Nesius, et al.2006). Whitaker, et al. studied 11 published evaluation studies of primary prevention programs while Cornelius and Resseguie's work reviewed both primary programs aimed at prevention and secondary programs developed for adolescents who are already involved in relationship violence.

Such systematic reviews of primary (prevention) and secondary (intervention) programs can provide guideposts for identifying and implementing effective intervention and prevention programming. While some methodological issues emerged in the systematic reviews of the studies, the overall findings are useful in considering what kinds of programming are helpful and effective. For example, across program evaluation studies such issues as disparate outcome variables, outcome measures, designs which provided for follow-up or not, differing program content and program structure all posed some challenges in conducting truly comparative analyses of programs. Such challenges have made it somewhat difficult to make solid conclusions as to what kinds of prevention/intervention programs may be decidedly effective. However, what are most helpful in the conclusions of these important reviews are the identified trends and themes of program effectiveness, which provide foundations for future program development.

Whitaker et al. (2006) noted that of the 11 program evaluation studies reviewed, all based program development on a combination of social learning theory and feminist theory. The programs all targeted middle and high school students with all but one of the programs reviewed being offered in the school setting. The programs were also primary prevention programs and were provided for the student populations at large. A majority of the studies measured knowledge and attitude change while only four of the evaluation

studies were found to have included measures of behavior change. In summary, Whitaker et al. identified nine of the 11 studies to have documented at least one positive intervention outcome for knowledge, attitudes or behavior. Whitaker, et al., noted that five of the nine studies that measured attitude found a positive effect while three programs reported no intervention effect. Two of the four studies, which also measured behavior, documented positive changes in behavior and these changes were maintained at follow-up.

Cornelius and Resseguie (2007) reviewed findings from 12 primary and secondary dating violence prevention programs and note similar findings as those discussed by Whitaker, et al. (2006). For example, a most significant finding in both of these reviews was the infrequence of skill building components in prevention programming. Particular skills that may contribute to prevention of dating violence, such as communication, negotiation and problem solving, would be critical components of prevention programming and support actual behavior change (Cornelius & Resseguie). Perhaps the lack of skill building components in prevention programs has been related to the infrequent measure of behavior change as an outcome measure. Whitaker et al. (2006) noted that Foshee et al.'s (1996; 1998; 2000; 2004), *SafeDates* prevention program was one of two that included measures of behavior change and incorporated follow-up measures through four years post-participation in *SafeDates.* At four-years, follow-up participants in *SafeDates* self-reported less physical violence, serious physical violence and sexual violence than control groups (cited in Whitaker, et al.).

Similarly, the authors noted that Wolfe et al.'s (2003) study of the *Youth Relationship Project* documented positive behavior change at 16 months follow-up: Wolfe et al.'s evaluation study found that girls who participated in the program were 3.2 times and boys 1.9 times less likely than boys and girls in the control group to have reported physical dating violence (cited in Whitaker, et al.). In addition to including skill building in the curriculum, both the *Youth Relationship Project* and *SafeDates* programs included a community-based component to the school based program. Table B1.3 provides a brief highlight of program characteristics of *SafeDates* and the *Youth Relationships Project* (as cited in Corneius & Resseguie, 2007 and Whitaker, et al., 2006, p. 154).

The Center for Disease Control has launched a national initiative in response to the growing trend of teen dating violence. *Choose Respect* was released in May, 2006 as a compliment to community prevention programs aimed at reaching youth ages 11-14 years of age. The primary focus *of Choose Respect* is the development of healthy and positive attitudes as well as the behaviors and skills needed for the development and maintenance of health relationships. Available on line at, www.chooserespect.org, the project makes information and resources as well as online games, videos and resources available for parents, teens and others. For instance, teens can play a video creation game in which they create and post their own video.

Table B1.3. Selected Characteristics of the *SafeDates* and the *Youth Relationship Project*

Author	Intervention Setting	Curriculum Description	Trainers
Foshee, Bauman, & Greene, 2000; Foshee, et al., 1996; 1998; 2000; 2004)	8th and 9th grade classrooms and community based settings with 45 minute booster session via telephone	*SafeDates* curriculum designed to change dating violence norms gender stereotyping, conflict management skills and pro-social skills as primary prevention of dating violence. For those already in violent relationships, curriculum aimed at changing cognitive factors related to help seeking and increasing knowledge of services. Primary Strategies: school-based activities, classroom curriculum, theater production, and poster contest; community-based activities: services for adolescents in violent relationships and service provider training	School: 20 hours of training for health and physical education teachers Community: 3 hours of training for agencies' staff
Wolfe et al., 2003	Group setting for teens identified to be at risk for dating violence due to family history of mistreatment.	*Youth Relationships Project* is an 18 session program based on health-promotion approach to violence prevention using skill building and didactic components. Utilizing social learning theory and feminist theory perspectives, the program focuses on teaching and practicing alternatives to aggression/violence based interpersonal problem solving and gender-based roles. Curriculum component includes education, awareness, skill development and social action. Didactics, guest speakers, media, modeling, role playing and skill building exercises are used in the classroom. Community based activities include social action planning, field trips to agencies, fund raising and community awareness.	Social workers and helping professionals received a 10 hour training over two days

Identified Gaps and Needs

The prevalence rate of relationship violence among adolescents is indeed alarming. Primary and secondary prevention programs have been developed and implemented and there is a small but growing body of program evaluation literature assessing the effectiveness of such interventions (see Cornelius & Resseguie, 2007 and Whitaker et al., 2006). A number of methodology concerns arise from the evaluation literature and indicate that there is more work to be done before definitive conclusions regarding program efficacy should be made (Whitaker, et al., 2006). For example, Whitaker, et al. call for more rigorous study of prevention programs that would bring

greater understanding of the specific change mechanisms within program content and strategies and how it is these components bring about related behavioral change. Likewise, Cornelius and Resseguie call for a greater focus on gaining understanding of social contextual factors within adolescent relationship experiences and incorporating such understanding within prevention programming.

A majority of the programs reviewed in these studies (Cornelius & Resseguie, 2007; Whitaker et al., 2006) focused on knowledge and attitudinal change, leaving out a significant component of change: skill building for behavioral change. Without a strong healthy relationship skill-building component, the important change in self-directing behavior away from aggression and violence is less likely to be accomplished (Cornelius & Resseguie, 2007). Scholars note that very few evaluation and effectiveness studies included follow-up assessments to determine the long-term effectiveness of violence prevention programs. As Cornelius and Resseguie point out:

> There exists a critical need in the literature for researchers to examine the longitudinal behavior change that occurs as a result of the prevention program….This direction is essential in terms of primary and secondary prevention, in order to determine if the programs are circumventing future violence of terminating current aggression. Until we begin to study the effects of the prevention curricula on dating violence behaviors of participants, any improvements in the current programs will be preliminary and greatly limited. (p. 374)

Overall, relationship violence prevention programs for adolescents are school based and involve common intervention strategies aimed at general populations (rather than youth at risk for dating violence or adolescents who are already victims or perpetrators of relationship violence). With an overwhelming majority of prevention programming framed in social learning and feminist theories, Whitaker et al. (2006) call for program development that is based on additional theoretical foundations which show promise. For example, these scholars cite Riggs and O'Leary's (1989), *background-situational model* of courtship and Wekerle and Wolfe's (1999), *coercive interactional processes* as potentially helpful theoretical frameworks for the development of effective prevention programming.

The universality of the school site as the point of delivery for adolescent relationship violence programs allows for a more global outreach, yet this method of outreach may indeed be neglecting an important segment of youth who are at-risk for relationship violence (Cornelius & Resseguie, 2007; Whitaker, et al., 2006). Identifying non-traditional methods of program delivery is paramount in order to reach adolescents who are at risk and are not in school settings.

A review of the literature also revealed a lack of published studies on adolescent relationship violence prevention programming for youth of diverse cultures and ethnicities. For example, Whitaker et al. (2006) , Cornelius and Resseguie (2007) and this writer have identified only three studies reporting on intervention programming designed to address the unique needs of adolescents of diverse ethnic and racial backgrounds. Hammond and Yung (1991) implemented, *The Positive Adolescents Choices Training* (PACT) program, which utilized a health promotion and risk reduction model. PACT addressed relationship violence across different types of relationships,

including dating, and it was designed specifically to address unique needs of African American adolescents

        The increasing prevalence of dating violence among adolescents is indeed alarming. Currently, most primary and secondary program efforts have some limitations but there is some evidence of positive outcomes. Recent systematic reviews of program evaluation studies have highlighted important conclusions regarding limitations, efficacy, and recommendations for future directions in program development and delivery.

Chapter 8: Older Adults

Current Knowledge

Elder abuse is becoming an increasingly significant problem and one that is expected to increase in prevalence as the older population continues to grow. In fact, over the next 15 years the U. S. is likely to see a 65% increase in the number of individuals 65 years and older, while an 80% increase among those 85 years old is expected (Schofield, 2006, p. 105). California is one of the states in which the elder population is expected to increase dramatically. With approximately 3.5 million Californians 65 years of age and older, this population is expected to grow by at least 172% over the next 40 years, with a majority of that growth occurring in the next 20 years (California Welfare Directors Association of California [CWDAC], 2004). Unfortunately, with an increase in the number of persons age 65 years and older, an increase in the victimization of the older adults is also expected.

Prevalence rates: An unknown.

The National Center on Elder Abuse ([NCEA] 2005) reports that between one and two million Americans, 65 years or older, have been victims of elder abuse.   For example, NCEA (2005, p. 1) estimates that for every case of elder abuse, neglect, exploitation, or self-neglect, nearly five cases or more may go unreported. More specifically, it is noted that for elder abuse occurring in domestic settings, only one in 14 occurrences of elder abuse (excluding self-neglect) are reported (NCEA, 2005).

How much of what is documented as elder abuse is domestic violence or intimate partner abuse (IPA) among elders? Current prevalence rates of elder abuse and domestic violence or IPA are difficult to determine for several reasons. Methodological problems across research studies, agency reporting formats, and social contextual issues prevented an accurate assessment of the extent of the problem. Current reporting methods across the nation vary in how elder abuse is documented. A 2004 national survey of adult protective services agencies (Teaster, Dugar, Mendiondo, Abaner & Cecil, 2006) noted that reporting data is not uniform across states and some do not distinguish between elder abuse reports and vulnerable/dependent non-elder abuse report. Similarly, the authors noted that states do not always define or categorize domestic violence separately from the larger categories of elder abuse, physical, emotional, neglect or financial abuse. The result is that true prevalence rates of domestic violence among elders is difficult to document. In addition, despite how agencies may document reports of abuse, there continues to be a glaring under-reporting of elder abuse in general.

California utilizes the following definitions of elder abuse which do not include a specific category for documenting domestic violence or IPA : 1) abandonment, 2) abduction, 3) financial abuse, 4) isolation, 5) mental suffering, 6) neglect, 7) physical abuse, including sexual abuse, and 8) self neglect (, California Law, Welfare and Institutions Code (W&I Code), Sections 15610 to 15610.55 [http://www.leginfo.ca.gov]). Consequently, California does not keep specific statistics on domestic violence or IPA reports, making it difficult to determine a prevalence rate for such abuse in the state.

On March 5, 2004 the California Welfare Directors Association of California (CWDAC, 2004) collected all calls made to Adult Protective Services Agencies in 58

counties. Three hundred and twenty-seven reports were made within the 24 hours of data collection.   While IPA or domestic violence was not selectively documented, the report noted that 37% of the abuse victims on March 5, 2004 were 80 years old and older. Of those 65 years and older, 63% were female. Forty percent of the perpetrators were identified as family members and 16% as caregivers. A review of the reports indicated that 8.9% or 30 perpetrators were spouses. The lack detail in the documentation of domestic violence and IPA as a category of elder abuse reflects the complexity of elder abuse itself, permeating ageist attitudes, and the focus of the domestic violence or IPA research on younger victims (Desmarais & Reeves, 2007; Straka & Montminy, 2006).

Domestic Violence and IPA in Later Life.

Domestic violence or IPA among elders is often reflective of dynamics that have been consistent throughout the course of the relationship, and have not developed in the later years of aging (although violent behaviors that emerge out of age-specific psychopathologies such as Alzheimer's and Dementia are an exception [Desmarais, 2007, p. 382]). This type of abuse includes a pattern of physical, psychological, and/or sexual abuse by an intimate partner. The range of abuse categories which occur within the dynamics of domestic violence or IPA are oftentimes categorized as separate incidents under the umbrella term of elder abuse and are often documented as separate incidents rather than as incidents of domestic violence or IPA. Brandl and Cook-Daniels (n.d) in a series of papers on domestic abuse in later life (see www.NCALL.us/) have enlarged the definition of perpetrator in elder domestic violence or IPA to include spouse/partner, family member or caregiver (p. 1).

Bergeron (2001) and Brandl and Cooks-Daniels (n.d) have explored the implications of causation theories of elder abuse for elder abuse policy, law, and most importantly practice (reporting, investigation, intervention, services and prevention. Of five major theories used to explain elder abuse, Caregiver Stress Theory has been most frequently employed while Domestic Violence Theory has been least utilized despite the fact that IPA is a common form of elder abuse. Consequently, the Caregiver Stress Theory has influenced the development of elder protection laws allowing for a victim-focus resulting in limitations and lack of protection for elders who are not frail and/or are being abused by a partner who may be viewed as incapacitated. Similarly, as a Caregiver Stress Theory has traditionally driven current elder abuse laws such laws have resulted in limited provisions for prosecuting the perpetrator, lack of adequate services, and lack of funding for long-term case management services for victims of IPA.

Bergeron (2001) challenges the field to give a closer look to the beneficial utility of Domestic Violence Theory in addressing IPA among elders. Domestic violence theory posits that as family relationships change over the course of the lifespan, so do the forms of abuse and consequences for victim change. Unlike the application of the Caregiver Stress Theory, the use of Theory in law enforcement allows officers to arrest perpetrator without victim's permission when there is probably cause. Perhaps one of the most egregious aspects of reliance on the Caregiver Stress Theory is that the victim focus often negates the realities that those receiving care are fully capable of perpetrating domestic violence on caregivers. In practice, such abuse victims go unrecognized and do not receive the services or appropriate interventions.

Further implications for the invisibility of IPA among elders are the lack of service development and service availability for elders who are victims of domestic violence (Desmarais & Reeves, 2007). Domestic violence advocates are not trained to work with elders and their often-complex health issues. There is a glaring lack of services available for elder Dvictims (Bergeron, 2001).

Research concerning risk factors for IPA among elders has been minimal. What is known indicates that risk factors for IPA among the aged population are often reflective of life long relationship dynamics (Desmarais & Reeves, 2007). Current research concerning risk factors for IPA among elders notes the following: fear, living situation, social isolation, cognitive impairments, physical impairments, substance abuse, and relationship dependency. As with most forms of abuse, older adults may be reluctant to admit to abuse for multiple reasons including fear of retaliation or dependency on their abuser.

Israeli researchers found that just under six percent of older adults in their study admitted to being abused by a family caregiver when asked directly, while those individuals who were assessed by social workers and nurses after they entered the hospital, found evidence of abuse in 21% of the patients assessed (Cohen, Levin, Gagin, & Friedman, 2007, p. 1229). The abuser may be "a family member, professional caregiver or other individual whom the victim trusts" (McMillion, 2003, p.1). Regardless of the relationship between the victim and the abuser, only one-in-five cases of abuse occurring in private homes is reported to authorities. Although older women are more likely to remain in their abusive relationships, those suffering from violence in their relationships leave when "extreme threats or acts of violence occurred, for example, when 'he locked me out of the house, tried to shoot me, or burned the house down.'" (Zink, 2007, p. 856). Although physical and sexual abuse may decline somewhat, psychological abuse oftentimes continues and even escalates. In general, researchers have noted that aging, ethnicity, poverty, functional disability and cognitive impairment are identified as risk factors contributing to elder abuse (Barker & Himchak, 2006, p.239).

Current and Sample Practice

Team work is recommended between Adult Protective Services (APS), law enforcement, local emergency rooms, the family of victimized person as well as other community organizations, with the goal of detecting early signs of abuse in the aged adult population. Collaborative effort of these individuals, as well as the victims, will result in more elderly reporting abuse and seeking help.

As a way of increasing awareness of elder abuse, the Wisconsin Coalition Against Domestic Violence (WCADV) produced a series of educational videotapes about domestic violence and sexual assault against older women for use by a range of professionals who work with or encounter victims of these groups (Schofield, 2006, p.152). The videos have already been used to educate professionals and are receiving positive feedback. Although such a procedure has not been implemented in California, it is helpful to note that other states are already implementing new techniques as a way of raising awareness of elderly abuse. In California, several credit unions as well as the State Contractor's License Board have produced videos, which educate the viewers on detecting signs of potential financial abuse.

Research has shown that elderly female victims need supportive social services in the area of psychological abuse. One woman simply states: "I still can't put toilet paper on the roll the right way." Psychological abuse will escalate at a fast pace over the years of the relationship up until the point that the victim feels completely obliterated. "He destroys you; you are not even a person anymore" (Zink et al., p. 857-858). Although it is often times predicted that teenager are the group with higher percentages alcohol and drug abuse, the elderly are also affected by substance use. "When he drank he was completely changed- abusive. I attributed [his] anger to the alcohol" (Zink et al., 2006, p.860). Helping victims of abuse to access support services such as senior centers, IPA support counseling groups, home visits or Meals on Wheels are potential intervention approaches. The need for transportation to such services should not be overlooked. (Zink et al., p.861).

Financial abuse is a particular type of elder abuse which is often documented by adult protective services agencies. As a risk factor for domestic violence or IPA, reports of financial abuse could serve as an indicator to investigate further. In fact, increasing caseloads in the area of financial abuse spurred Santa Clara County Department of Aging and Adult Services (DAAS) to develop a Financial Abuse Specialist Team (FAST). FAST was developed in May of 1999 to provide an efficient system of investigating and acting on reports of financial abuse in Santa Clara County. Malks, Schmidt, and Austin (2002) specified that the main members of the team should include staff from Adult Protective Services, the Public Administrator/Guardian's Office, the offices of the County Counsel, the office of the District Attorney as well as other staff from within the Department of Adult and Aging Services. In 2000, Sacramento County also developed a FAST team titled SacFAST; main members of that team include staff from Adult Protective Services, the Public Administrator/Guardian's office, the office of the District Attorney, Sacramento Police Department as well as members of the bank and credit union community, health organizations, and State Contractor's License Board. The exact number of elderly who are being financially abused is not known, however, financial abuse consistently ranks second in most states as the most prevalent form of elder abuse, behind physical abuse (Malks, et al.) In response to the major problem of financial abuse, the United States Congress in 1997 mandated that each state establish Medicaid Fraud Control Units (MFCU) "to respond to discoveries of abuse, neglect, mistreatment and financial exploitation of elderly and vulnerable adults by health care providers" (Malks, et al., 2002, p. 29).

Identified Gaps and Needs

Gaps in services are evident for elder victims of IPA at almost every level including assessment. For example, Desmarais and Reeves (2007) note that after a review of major IPA or domestic violence screening assessment instruments none were developed to address specific characteristics of elder domestic violence or IPA. Particular risk factors for elders such as age associated cognitive impairments, fear, living situation, physical impairments, and dependency should be explored in assessing IPA among elders (Desmarais & Reeves). Desmarais and Reeves also point out that current assessment instruments are focused on assessing for physical violent characteristics of IPA and the exclusion of more non-violent behaviors such as emotional abuse, neglect and financial abuse, which might be more common among elders.

Law enforcement does not give proper attention to many of the cases that involve the elderly and abuse. Most police officers and prosecutors are not trained to detect the abuse when it is occurring, and those that are able to detect abuse taking place often refuse to investigate by claiming that it is "a civil matter" (Malks, et al.,2002, p.26). However, in Sacramento County, the District Attorney's Office has had an Elder Abuse Vertical Prosecution Program in place since 2000 thanks to a grant funded by the Office of Criminal Justice Planning ([OCJP] www.da.saccounty.net/ea/index.htm). The elder abuse prosecutor files cases where an elder or dependent adult has been a victim of a crime falling within Penal Code section 368. The District Attorney's Office has taken the lead in many areas related to elder abuse and also started the first Elder Death Interdisciplinary Review Team in the nation, which reviews closed cases of elder death that are suspicious or warrant further investigation. Sacramento County Sheriff's Department has two full time detectives who investigate elder abuse, and the Sacramento Police Department has one full time detective that works elder abuse crimes. Additional funding and education needs to be implemented to further combat the escalation of elder abuse statewide.

There is a great need for Adult Protective Agencies and their staff to develop strong collaborative relationships with the domestic violence programs and staff in their communities (Desmarais & Reeves, 2007; Vinton, 2003). Some of the significant barriers in serving elder victims of IPA are certainly related to the unique needs and characteristics of this population. For example, needed support for daily living tasks such as bathing, dressing, grooming, and taking medications may not always be available at shelters while shelter staff may not be trained to address the needs of elders (Vinton, 2003, p.1510). In fact, a frail elder victim of IPA may have health conditions, which could prevent them from utilizing a traditional shelter environment. However, Vinton suggests using creative interventions to address such needs. For example a shelter might be able to utilize trained caregivers or home health care agencies to provide services and support for more frail elderly who are seeking safety at the shelter. Training domestic violence workers and shelter staff on the special needs of elder victims would also enhance access to appropriate services for elders suffering from IPA (Desmarais & Reeves, 2007).

Working within communities to prepare domestic violence programs to become elderly ready is a definite call to action. Vinton (2003) suggests strongly that creating partnerships with community based facilities, such as assisted living facilities, could help to address the lack of support services to elder victims of IPA. For example, assisted living facilities could be contracted to provide safe spaces for an older victim of domestic violence. Senior centers could also be encouraged to retrofit a safe room in centers, provide respite and safety for elder victims awaiting case management (Vinton, p. 1510). Domestic violence shelters may not be able to meet the individual needs of elder abuse victims due to the health concerns of each individual. Ongoing, future collaboration between agencies and organizations that serve the elderly are essentially important to meet the needs of "a rapidly growing older population that continues to experience intimate violence" (Vinton, p. 1512).

Part Two: Area III Systemic Enhancement for Service Improvement

This section discusses service providers' concerns regarding services and service delivery, strategies to enhance services, and areas, which still need improvement. It is important to strengthen and improve services and service delivery in order to effectively meet clients' needs. Some of the important components of service delivery are accountability, funding, program evaluation, staff retention, training, collaboration, and coordination.

Current Knowledge

Accountability

Service providers are responsible for providing efficient services and service delivery. Women may have both positive and negative experiences during the criminal justice process. Negative experiences are often attributed to victim-blaming statements made by law enforcement, prosecutors, judges, and medical staff (Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001; Campbell, 2006). This contributes to secondary victimization and a decrease of reporting to law enforcement and seeking assistance.

Accountability can be achieved through interdisciplinary approaches, program evaluations, and training. These approaches ensure that women are supported, validated, and trauma is lessened throughout the criminal justice process. Keeping in mind that violence against women relates to power and control, it is helpful for service providers to communicate with women using the concepts of empowerment and validation, while remaining client-centered.

Staffing Concerns

Staffing in this field can be challenging. Service providers can experience vicarious trauma, burnout, and compassion fatigue due to high caseloads, emotional intensity of issues, and longer work hours (Wasco, Campbell, & Clark, 2002; Baird & Jenkins, 2003). When these issues affect staff, they can have an impact on client services. Self-care, organizational resources and support can directly affect staffing issues. Addressing these concerns will increase staff retention and efficiency of staff and volunteer recruitment.

Funding Mechanism

Service providers receive funding from different sources. Rather than dependent solely on county, state, and federal grants, organizations can tap into resources such as in-kind donations, private donations, or fundraising activities (Bennett, Riger, Schewe, Howard, & Wasco, 2004). Multiple studies revealed that lack of funding appears to be directly related to the level of client services and staff burnout (Gilson et al., 2001; Sullivan, 2001; Baird & Jenkins, 2003; Frantz, Carey, & Bryen, 2006). Service providers in this field generally have high caseloads and minimal staff, which can increase turnover, burnout, or vicarious trauma.

Program Evaluations

Program evaluations are evidenced-based tools that are utilized to sustain and improve services and service delivery. The development and implementation of

evaluations can be challenging for service providers due to lack the financial means and staffing expertise to conduct them (Sullivan, 2001; Bennett et al., 2004; Campbell et al., 2004). Reluctance to conduct evaluations is also attributed to time constraints; they divert staff energy from other needed services, and concerns with client confidentiality and safety.

The execution of the evaluations is pertinent, but even more so, is the follow through with necessary service improvements. Program evaluations preserve institutional knowledge and display the effectiveness of services. Evaluations can be used to advocate for additional funding to improve staffing, training, and increase accessible services for underserved populations.

Training Assistance

Trainings are designed to enhance service providers' knowledge and skills, develop new services, and improving current services (Van Hightower & Gorton, 2002; Hellman & House, 2006). Client centered services depend upon service providers' current and continuous training on issues regarding violence against women. Positive outcomes from training include the decrease of burnout and increase of staff retention. The cost for trainings can vary; service providers can be cost effective by increasing collaborative and inter-disciplinary trainings.

Current and Sample Practice

Victims Responses to Services and Service Delivery

Help-seeking behaviors vary among women. This may be attributed to a multitude of feelings including fear of secondary victimization through the criminal justice system. Some women choose to seek assistance via criminal justice services, victim services such as counseling, or both services. Campbell et al. (2001) indicated that approximately 1/3 of rape survivors in Chicago, Illinois sought services through legal assistance, medical care, mental health services, rape crisis center, or religious community. Within the same study, women felt that their experiences with the legal system (52%) were hurtful, while "healing" was how respondents described post assault medical care (47%), rape crisis centers (75%), mental health services (70%), and religious community (85%) (Campbell et al.).

Victim advocates appear to have a positive impact on services. Campbell (2006) evaluated sexual assault service delivery at two different hospital sites. Site #1 had a policy to call out advocates as opposed to Site #2. Women at Site # 1 gained more information and services than those at Site #2. Campbell (2006) reported that about 80% of women were discouraged to report at Site # 2 versus about 60% at Site # 1. More than half of survivors without advocates were told by law enforcement that their cases were not serious enough to pursue in the criminal justice system.

An interesting finding in Campbell's (2006) study was that women accompanied by advocates still experienced secondary victimization during their interactions with law enforcement. A significant amount of women from both sites felt violated after contact with law enforcement and felt disappointed. Parrot (1991) noted that it is not uncommon for women to feel re-traumatized during the process of receiving medical care or reporting to law enforcement after an assault (cited in Campbell et al., 2001).

Innovative Approaches to Enhance Services and Service Delivery Collaboration and Coordination.

Service providers can enhance services and service delivery with collaboration and coordinated services. A common collaboration in this field is the multidisciplinary team. This is an effective way for organizations to establish a system of accountability, ameliorate discomfort, reduce secondary trauma, and holistically support victims (Campbell et al., 2001; Schmutzler, 2004; Campbell, 2006).

Common multi-disciplinary teams include sexual assault response team (SART) and domestic violence response team (DVRT). Team members are typically made up of advocates, law enforcement, medical team, and prosecutors. Each team member has different roles in supporting the victim throughout the criminal justice process. Women Escaping a Violent Environment (WEAVE) and the Sacramento County Sheriff's Department in Sacramento, California, formed DVRT to provide coordinated criminal justice, legal, and direct services. WEAVE DVRT advocates are placed in various Sacramento County Sheriff's stations and directly work with Sheriff's detectives.

San Diego's SART consists of advocates, law enforcement, forensic examiners, district attorneys, and crime lab personnel (County of San Diego, Health and Human Services Agency: Division of Emergency Medical Services, 2003). San Diego SART expanded its services to incorporate child abuse centers, military personnel, and the Indian Health Council.

Roberts and Kurst-Swanger (2002) named various specialized domestic violence units and model police departments that demonstrate exemplary services. Family courts can collaborate with staff attorneys and legal advocates of local domestic violence agencies. San Diego Police Department has a specialized sex crimes unit. Sacramento County Sheriff's Department has a sexual assault and Elder Abuse Detail (SEAD) unit.

The level of support within their own structures, resources, and collaborations can influence the attitudes and beliefs of service providers. Schmutzler (2004) examined beliefs and perceptions of officers at the Vacaville Police and Fairfield Police Departments. Vacaville PD has a multi-disciplinary team called "Family Investigative Response Services Team (FIRST Response)." This specialized unit has detectives and family support workers that assist domestic violence victims as opposed to Fairfield PD, which lacks this type of team.

Schmutzler's (2004) study revealed that twenty-seven Vacaville police officers believed that support services (counseling, victim advocates, shelters) offered to domestic violence victims helped to reduce repeat domestic violence incidences versus 14 Fairfield officers. In another major finding, 19 Vacaville officers believed that their department was capable of providing adequate support services to assist victims in leaving an abusive relationship as opposed to seven Fairfield officers.

Zweig, Schlicter, and Burt's (2002) study emphasized the importance of collaboration. Out of the 20 VAWA STOP service provider participants, Zweig et al. (2002) reported that 80% interacted with law enforcement and prosecution and 95% interacted with additional victim service agencies in the communities to serve women with multiple barriers. Other primary partner agencies named were prison, correctional facilities, health agencies, substance abuse treatment agencies, mental health services agencies, and associations for "sex workers." Service providers also participated on task forces, attended multi-disciplinary meetings, and influenced one another's agency

protocol. "Most agencies (70%) reported that their work with their primary partner agencies was necessary or very necessary, although only 55% of programs reported that their relationships with their primary partners have been successful or very successful" (Zweig et al., p. 174).

Program Evaluation

Program evaluations are an important tool that service providers can use to assess services. Bennett et al. (2004) suggested that, "trends such as evidence-based practice, competition for social service dollars, and professionalism has moved towards the evaluation of domestic violence programs to a higher priority" (p. 816). Evaluations can also be used to motivate staff and volunteers, increase funding, and maintain positive relationships with community organizations (Wasco et al., 2004).

An evaluative study of sexual assault intervention programs in Butte, Glenn, and Tehama Counties reported that 80% of women felt that the crisis line and peer counseling was effective (Weston, 2001). Goodman (2002) evaluated the effectiveness of sexual assault services in San Joaquin County, which revealed that 94% of women thought that counselors helped with symptoms or concerns. More than half of the women also felt that they were able to cope with their sexual assault because of the counseling.

Evidence-based practices were adopted in Illinois, which led to a statewide evaluation of 87 state-funded domestic violence/ sexual assault agencies (54 domestic violence programs and 33 sexual assault programs) (Bennett et al., 2004). The evaluation of domestic violence services revealed that women gained crucial information about violence and had increased their support system. Women also saw improvements in their decision-making abilities, coping skills, and self worth. Wasco et al. (2004) reported that with the evaluation of sexual assault services, about 57% of women gained a lot more information and about 73% felt a lot of support on the hotline. More than half of clients gained information and 80% felt supported through brief advocacy.

Campbell et al. (2004) proposed that an empowerment evaluation model worked effectively for a majority of rape prevention and victim services programs in Michigan. "Empowerment evaluation is a specific participatory evaluation approach whereby the evaluator provides training and consultation to program staff so they can conduct their own evaluations" (Campbell et al., 2004, p. 251). In this particular study, the sexual assault and Rape Prevention Evaluation Project (SARP) developed training manuals, conducted workshops, technical assistance, and on-going consultation to the programs. This approach appears to be more cost effective and consistent with domestic violence and sexual assault service providers' empowerment theoretical framework.

The Michigan rape prevention and victim services programs appeared to find this approach useful and implemented new services based on the findings. Rape prevention programs implemented new content to their curricula and enhanced material on existing topics that were not receiving adequate coverage (Campbell et al., 2004). Prevention programs also utilized the evaluation findings to advocate for additional time in their school districts. Victim services programs utilized the findings to increase and services to ethnic minority women. Programs also advocated with the criminal justice system for improved responses to victims and to increase the number of counseling sessions. A majority of the programs are still receiving funding and conducting evaluations.

Organizational Support and Self Care

Several studies have examined major issues that correlate to staff burnout and high turn over in this field. Baird and Jenkins (2003) examined trauma, stress, and burnout among domestic violence and sexual assault agency staff and volunteers. The findings revealed that: 1. the amount of clients and counseling hours in an average week related to emotional exhaustion and personal accomplishment, but not to burnout; 2. more experienced workers and volunteers reported greater personal accomplishment; 3. paid staff experienced significantly higher emotional exhaustion than volunteers (Baird & Jenkins, 2003).

Self-Care

Service providers that practice self-care will work more effectively and support clients at a higher level. This also decreases the risk of burnout, vicarious trauma, or secondary trauma. Wasco, Campbell, and Clark (2002) conducted a multiple case study on eight female rape victim advocates regarding their self-care practices and level of organizational support. The women in this study reported high integrative self-care through social (76.5%), cognitive (74%), and spiritual (76%) activities; less likely self-care strategies were physical (39%) and verbal (12.5%). Self-care strategies were coded as either cathartic or integrative (Wasco et al., 2002). Cathartic strategies were described as ways in which advocates can release or vent rape-related stress, whereas integrative strategies focus on skills, strengths, or support that ameliorated the negative impacts of on-the-job experiences and repeated exposure to rape.

Organizational Resources and Support.

Organizational resources and support can influence services and service delivery. Baird and Jenkins (2003) stated that burnout has been related to general workplace conditions such as lack of structural social support for stress management while positive organizational support can increase feelings of personal accomplishment. Wasco et al. (2002) revealed higher levels of organizational resources and support can be demonstrated by utilizing volunteers in sexual assault service delivery, flexible hours, and training, conferences, and workshops. Burnout, vicarious trauma, and secondary trauma can be decreased by administrative and peer support, individual and group supervision, and other programmatic resources (Baird & Jenkins, 2003; Wasco et al., 2002).

Wasco et al. (2002) examined the eight advocates' (Cases A-H) responses towards organizational resources and support. This study revealed that Cases A-D had higher levels of organizational resources and Cases E-H had lower levels of organizational resources; High organizational support was noted in Case A, moderate support with Cases B-E, and lower levels of support for Cases F-H.

The advocates provided reasons for support levels. Case A attributed its support to its organized sexual assault nurse examiner (SANE) program, diverse staff and styles, accessible to people of color, and dedicated volunteer base (Wasco et al., 2002). Cases A, E, and F noted positive organizational support regarding diversity staff or community members. Case E expressed that sexual assault services ranked below domestic violence in organizational priority and there were fewer resources for assisting rape victims.

Cases F and H stressed the importance for additional staff for sexual assault services. Case H indicated that their setting only had two sexual assault staff while domestic violence programs had about 21 employees.

Volunteer Usage

Staff retention can be increased through the use of volunteers (Wasco et al., 2002; Hellman & House, 2006). Domestic violence and sexual assault providers commonly utilize volunteers in 24- hour crisis programs such as crisis line and hospital advocacy. In Hellman and House's (2006) study, volunteers provided 2/3 of the 24-hour coverage. Volunteers are a crucial component of organizations due to their cost-effectiveness for programs. Volunteer retention can be challenging due to concerns with unpaid status, vicarious trauma, burnout, and personal choice.

Volunteers can be sustained with efficient coordination and management. Hellman and House (2006) reported that volunteers in their study who were overall satisfied with their experiences were also highly committed to the agency and intended to continue volunteering. Their overall satisfaction was attributed to self-efficacy, training, and social support. Monthly meetings and ongoing trainings were ways to keep volunteers engaged.

Training and Technical Assistance

Training and technical assistance helps service providers to become knowledgeable on emerging issues, enhance their skills, and provide client centered services. Training assistance from statewide domestic violence/ sexual assault coalitions can provide support and resources to organizations. CALCASA and CPEDV are the statewide coalitions for California. Service providers can strengthen their services through the utilization of publications, toolkits, conferences, and libraries. CALCASA maintains an Internet list-serve for sexual assault organizations throughout California. Organizations can get assistance from CALCASA and fellow peers. Both coalitions offer training and technical assistance to support and troubleshoot any questions. The coalitions advocate for policy and legislation changes that relate to this field.

Conferences offer a wealth of information for service providers. This source of education can be expensive. Fortunately, some conference organizers offer scholarships. CALCASA organizes an annual conference, which targets sexual assault service providers. Some of the sessions address underserved populations, systemic enhancement, and accessibility issues.

Ending Violence Against Women (EVAW) International is a non-profit corporation that implemented an annual international conference on domestic violence, sexual assault, and stalking. The EVAW conference is particularly helpful for criminal justice service providers due to its founder. Retired Sgt. Joanne Archambault founded EVAW International and is the training director of sexual assault Training and Investigations (SATI) Inc.. Sgt. Archambault worked with the San Diego Police Department for 23 years, supervised detectives within the sex crimes unit, and was key in San Diego County's SART team. Her training emphasis is helpful for all service providers, but focuses on assistance for law enforcement investigation and appropriate criminal justice responses.

Safe State is another valuable resource for service providers. This project is implemented within the California Attorney General's Crime and Violence Prevention Center. Service providers can access information and educational material on pertinent issues such as domestic violence and human trafficking.

Cross trainings are another way that service providers can enhance their knowledge and skills. This can occur within multidisciplinary teams and collaborations. For example, direct service providers can conduct trainings to law enforcement during role call and cadet trainings. Cross trainings help staff to learn about the roles of law enforcement, prosecution, medical team, and advocacy. Trainings conducted by community organizations or individuals that have knowledge about underserved and unmet populations are pertinent in providing culturally competent services.

Identified Gaps and Needs

It is crucial that service providers strengthen and improve their services and service delivery through various approaches previously mentioned. Program evaluations need to be conducted to ensure accountability of services, sustainability of programs, and implementation of necessary improvements. Service providers can also use evaluations to their advantage to gain professionalism in the field, gain additional funding, identify needs, and make improvements to programs.

Although, service providers acknowledge the importance of program evaluation, there appears to be reluctance in conducting them. It would be helpful to find effective ways that would make evaluations work for service providers. As previously mentioned, program evaluations can be expensive due to outside evaluators, time consuming, and possibly divert resources from much needed programs. Insufficient funding appears to be directly impacting staff retention, client services, resources, and training.

Multidisciplinary teams and collaborations are pertinent to increase services and holistically support clients. Cross trainings and continuous trainings appear are needed to increase knowledge about emerging concerns and create culturally competent and sensitive services.

Sufficient staffing is another concern. Issues such as burnout and high turn over are common issues in this particular field. Uneducated or untrained staff and high caseloads can contribute to these issues. It is crucial that service providers practice self care and that resources and support are in place at organizations to address these issues. Lack of organizational resources may be related to insufficient funding.

Part Three: Area V Physical And Cultural Accessibility

It is service providers' responsibility to ensure that all women are able to access services. Accessibility involves physical, program, and cultural components. Frantz et al. (2006) identified pertinent elements that individuals said would signify accessible services: 1. Awareness of the availability, location, and types of services, 2. Physically able to enter and move through the facility, 3. Access to all printed materials, and 4. Ablilityto understand and meaningfully participate in the services required. This section may overlap with Section 1 due to the connectedness of issues of physical and cultural accessibility and underserved and unmet populations.

Current Knowledge

Hard-to-reach populations include Section One's underserved and unmet populations: API women, Native American women, women with disabilities, women living in rural areas, and sex trafficked women. Additional underserved and unmet populations were identified in Zweig, Schlicter, and Burt's (2002) study on women with multiple barriers. These barriers involved co-occurring issues such as substance abuse problems, mental illnesses, cognitive disabilities, prostitution, and incarceration.

Co-Occurring Issues
Co-occurring issues create additional challenges for women. Zweig et al. (2002) reported that 45% VAWA STOP service providers expressed that the most common barrier was how the system questioned women's credibility more when it came to women with multiple barriers. Abusers utilize these co-occurring issues to control their partners and at the same time, women are reluctant to seek assistance because they fear getting in trouble. Zweig et al. (2002) revealed that 15% of service providers commented that batterers may be fueling the co-occurring issues by supplying alcohol and drugs to women or withholding medication from women with mental health issues; many service providers are uneducated on these co-occurring issues which perpetuates victim blaming or creates challenges to women trying to obtain services.

These women face barriers within the criminal justice system. Five to ten percent of service providers revealed barriers within the criminal justice process (Zweig et al., 2002). These include the refusal to work with women who partake in criminal activities such as prostitution or substance abuse. Women with cognitive disabilities are considered poor witnesses.

Hard-to-reach Racial and Ethnic Populations
Underserved and unmet populations may find it difficult to seek services due to various reasons. Many studies have indicated barriers in services for racial and ethnic populations. Common barriers to services include language, cultural beliefs and traditions, acculturation, undocumented status, or Western-based, standardized services. Some barriers have been previously discussed in this document.

Language Barriers

Language barriers can prevent non-English speaking women from seeking assistance. Although service providers may be providing assistance, the amount of interpreters or bi-lingual staff is limited and inadequate (Bui, 2003; Shiu-Thornton et al., 2005). In Bui's (2003) study, 62% of Vietnamese American women reported English difficulties was one of the factors for not seeking help. Wolf, Ly, Hobart, and Kernie (2003) revealed that women felt more alienation and despair when police officers only spoke to the English-speaking batterer or inadequate interpretations were made.

There are additional challenges for non-English speaking women. Bui (2003) indicated that Vietnamese American women faced frustration when they needed law enforcement assistance and initially needed to communicate to a non-English speaking dispatcher. Non-English speaking women that seek help from domestic violence and sexual assault providers may find it more challenging than women who speak fluent English.

Cultural Beliefs and Traditions

Cultural beliefs and traditions may prevent some women from seeking assistance outside of the home or community (Wolf et al., 2003; Shiu-Thornton et al., 2005). Personal and cultural identities are formed within certain populations such as API and Latino ethnicities. Rigid gender roles stem out of the cultural familial context. A major foundation for these populations is the family and despite the abuse, many women will cooperate or self-sacrifice in order to keep families together (Shetty & Kaguyutan, 2002; Shiu-Thornton et al., 2005; Bhuyan et al., 2005). Extended families may also perpetuate abuse in order to keep families intact. Domestic violence is often viewed as a private family matter. Women risk "shaming" the family and "losing face" if they reach out for help; women are also at risk for cultural isolation. Yick (2001) argues that these cultural beliefs and traditions cloak the violence and normalize it.

Many of Native American women's fears are attributed to multi-generational trauma. Native American women contemplate tribal survival before reporting violence. This is in relation to her husband, child, or another tribal member. Although the ICWA was enacted to prevent the removal of a child from the tribe, the removal of a child from the family is still a consequence that many Native American women fear

Acculturation

Acculturation may cause stress and tension for newly immigrated families due to changes in individual and familial roles (Ho, 1987). Economic resources may not equate to what was made in their home country. Newly immigrated women may need to enter the workforce to support the family. Acculturation may change immigrant women's ideologies and behaviors and husbands utilize abuse to reinforce traditional roles.

Domestic violence is a concept that immigrant women may learn about as a result of migration to the U.S. and the acculturation process (Shiu-Thornton et al., 2005; Bhuyan et al., 2005). Many new immigrants, abusers and victims may not be aware that domestic violence is a criminal offense in the U.S. Although women become knowledgeable about violence against women laws, there still may be reluctance to seek assistance due to past horrific experiences with corrupt law enforcement in their home countries (Kim, 2002; Bui, 2003). Many immigrant women fear for their husbands. Many newly immigrated women

may not be aware of other domestic violence/ sexual assault services because they didn't exist in their home countries.

Undocumented Legal Status

      Deportation is another fear for many undocumented racial and ethnic women. This fear creates reluctance to seek assistance with service providers. Shetty and Kaguyutan (2002) explained that abusers (U.S. citizen or legal permanent status) typically use this power to threaten to have the victim deported by reporting her undocumented status, threaten to revoke residency sponsorship, or refuse to file necessary immigration petitions. Women in this position are often isolated from cultural familiarity and families, lack economic resources, are non-English speaking, and are unaware of U.S. domestic violence laws (Shetty & Kaguyutan, 2002; Kim, 2002). Women also fear that deportation can result in losing their children.

      Immigration relief is available to undocumented women that have been victims of domestic violence, sexual assault, or sex trafficking. This comes in the form of self-petitioning for Violence against Women Act (VAWA), UVisas, or T-Visas (Shetty & Kaguyutan, 2002; Raj & Silverman, 2002). This enables women to self-petition without the knowledge or cooperation of abusers in order to attain lawful permanent residency. In order to be eligible, battered women must meet certain requirements. Women are also entitled to federal benefits and services.

      The visas differ by the relationship with the abuser and type of crime (Shetty & Kaguyutan, 2002). VAWA applies to women who are abused by husbands that are U.S. citizens or legal permanent residents. Under the TVPA 2000, women that do not qualify for VAWA can apply for U or T-Visas. U-Visas assist immigrant women that are abused by boyfriends, husbands that are non-citizens or LPR, work-visa holders, or students. The maximum amount of U-Visas that can be given within a year is 10,000 (Shetty & Kaguyutan, 2002). Victims of sex trafficking may be eligible for T-Visas; the government offers up to 5,000 T-visas a year (Webber & Shirk, 2005).

      Unfortunately, uneducated and untrained service providers in this area may perpetuate fears of undocumented women. As previously mentioned, service barriers to the victims including sex trafficked victims may occur when law enforcement officers misidentify them as perpetrators. This can also create challenges in receiving benefits and services in a timely manner.

Western-based, Standardized Services

      Underserved and unmet populations may fall under the radar for most service providers operating from Western, standardized definitions and interventions for violence against women. Service providers that do not consider or are not familiar with culturally specific abuse or interventions may alienate or possibly offend women (Kim, 2002; Human Rights Center, 2005). Kim (2002) asserted that often times, women do not want to leave relationship because it removes her from the community, which is a source of identity, familiarity, and resources.

      In some racial and ethnic populations, women may not recognize violence against women terminology such as domestic violence, rape, or sexual assault due to different translations or non-existent references to these acts in their culture (Yoshihama, 2001; Hamby, 2004). "The Coiled Spring" model was developed by Masum (n.d.) in Pune,

India. The model depicts API extended family abuse and demonstrates how familial support decreases, possibly until the woman is killed (Cited in API Institute of Domestic Violence, 2007).

Women with Disabilities

Deaf Hope revealed a Deaf Power and Control Wheel, which included abuse specific to the deaf culture. Gilson et al. (2001) noted that abuse towards women with disabilities could be sabotaging an accessibility device, refusing to communicate using sign language or communication device, or falsifying events through their memory impairments. Nosek, Foley, et al. (2001) identified specific abuse related to women with disabilities. Women with disabilities have greater dependence on potential perpetrators for survival. The women may physically be unable to leave an abusive environment.

Several studies have been conducted to evaluate service providers' physical, program, and cultural accessibility. Service providers face certain barriers in ensuring that their facilities are ADA compliant and physically accessible to women with disabilities. In Frantz et al.'s (2006) study, domestic violence and sexual assault programs reported having a 16% "accessibility needs" line item on their programs' budget.

Physical Accessibility

It has been noted that shelters, in particular, have a challenging time when it comes to accommodating women with disabilities. Shelters may have lack of space to store medical equipment, house personal attendants, and accommodate guide dogs (CROWD, 2000; Chang et al., 2003; Frantz et al., 2006). Inaccessible shelters can create dilemmas for abused women with disabilities, especially if they have children. Carson City Center for Independent Living (1999) explained that women were left with the options of remaining in an abusive situation or institutionalized in a nursing home, state hospital, or residential setting (Cited in Frantz et al., 2006). Institutions or residential settings usually cannot accommodate children. Women who are abused also fear losing custody of their children due to their disabilities.

Frantz et al. (2006) evaluated physical accessibility in domestic violence and sexual assault programs according to accidental, established, and less established features. A majority of programs had features dealing with accidents such as push-button phones (100%), objects not protruding from walls (entry area) (96%), and volume control for telephones (63%) (Frantz et al., 2006). Established features included the requisite number of accessible parking spaces (80%), grab bars on shower wall in residential programs (67%), ramp if all building entrances have steps (60%), and at least one phone equipped with a teletypewriter (TTY) (33%). About less than half of programs had features which were not as well established, including emergency alarms equipped with flashing lights (53%), all controls for pubic usage operable with closed fist (48%), raised or Braille lettering for signs identifying restrooms (13%), and signage for rooms in compliance with the ADA (9%).

Program Accessibility

Programmatic accessibility ensures that women with disabilities are able to receive culturally competent services through staff training, outreach, accommodations

with services and materials, and established policies. In Frantz et al.'s (2006) study, outreach and educational materials were not in alternative formats (3.7%-22.6% depending on format), websites were inaccessible (10.5%), and policies for serving abused women with disabilities were not established (25%). Although, staff received training for disability-related issues, about 40% of the training was provided by a disability service provider versus about 76% provided by an internal agency staff. A list of sign language interpreters was provided in approximately 46% of the programs.

Women Living in Rural Communities

Women living in rural communities may experience barriers that differ from women living in urban areas. Some examples of populations that live in rural areas are migrant farm workers and some Native Americans. Some challenges to seeking services are lack of resources, transportation, phone, distance, housing, and lack of confidentiality or anonymity (Van Hightower & Gorton, 2002; Lewis, 2003; Logan, Evans, et al., 2005).

Logan, Evans, et al. (2005) revealed accessibility issues in health, mental health, and criminal justice services. Rural women reported a lack of awareness of services, resources, housing, and misperception of services. Some women believed that services were only offered to women that were victimized within an acute timeframe. Within the criminal justice system, rural women experienced a lack of priority on their cases, received inadequate information on cases and services, and case decisions were politically-based on "who you knew" (Van Hightower & Gorton, 2002; Logan, Evans, et al., 2005).

Current and Sample Practice

Service providers have utilized and recommended innovative outreach activities to make services more accessible for women. These strategies involved outreach, training, and collaboration. Some of these suggestions would help to increase culturally competent services.

Outreach

Outreach is necessary in order to increase services for hard-to-reach populations. These hard-to-reach populations include racial and ethnic populations, women with disabilities, women living in rural communities, and women with co-occurring disabilities. In addressing women with multiple barriers, Zweig et al. (2002) found that 65% of VAWA STOP service providers conducted community education and 45% developed a referral system with other agencies. One unique outreach activity used to reach prostitutes was to pair up volunteers and staff who would go to the streets, provide condoms, business cards, and educate about services (Zweig et al., 2002).

Some other effective outreach activities are marketing services in various forms of media. Zweig et al.'s (2002) respondents used flyers, posters, public service announcements (PSA), radio, television, and newspapers. Ethnic newspapers and community centers specifically target underserved populations (Shiu-Thornton et al., 2005; Bhuyan et al., 2005). Kim (2005) mentioned an innovative method for API communities; the Alliance Against Domestic Violence promoted anti-violence messages and referral numbers in Chinese and Vietnamese on grocery bags that were distributed for free at ethnic-based grocery stores. Service providers should be able to provide

educational material in various languages and forms. It is also recommended that programmatic materials be provided in large print, audiotape, Braille, and pictorials (CALCASA, 2001; Frantz et al., 2006).

Community presentations to underserved populations are necessary to increase accessibility. Some populations such as women with disabilities, undocumented women, or newly immigrated women may not be aware of definitions of violence against women or self-identify as victims (Milberger et al., 2003; Elman, 2005; Shiu-Thornton, 2005). Service providers would need to be educated on culturally specific types of abuse, address concerns that pertain to these populations, and educate about violence against women laws, and women's rights. Service providers can help women to develop safety plans, which is pertinent especially for women with disabilities where it may be physically difficult to leave (CROWD, 1999; Cameron & Abramson, 2002; Milberger et al., 2003).

Community outreach can be provided in various locations. ESL classes are a place to teach ethnic women and newly immigrated men and women about violence against women laws in the U.S. and types of abuse (Kim, 2002; Shiu-Thornton, 2005; Bhuyan et al., 2005). Ethnic-based festivals such as Pow-Wows are another location for outreach (Kim, 2002, Hamby, 2004). Kim (2002) also recommends community breakfasts with leaders, community-based conferences, and door knocking. CALCASA (2001) proposed that service providers promote services and education for women with disabilities at the local school for the deaf, regional centers, deaf service agencies, and independent living centers.

The Seattle Police Department's Domestic Violence Unit (DVU) reached out to women to identify barriers for contacting the police by forming focus groups (Wolf et al., 2003). The focus groups were culturally diverse and some monolingual in Vietnamese, Russian, and Ethiopian.

Direct Services

Accessibility can be increased with flexible client services that address supplementary and physical accommodations, co-occurring issues, language barriers, and shelter screening assessments tools. Women can access necessary services such as shelters, counseling, and legal services through the following supplementary services: transportation, phone, childcare, ESL classes, and childcare (Bui, 2003; Hamby, 2004; Shiu-Thornton, 2005; Krishnan & Cutler, 2005; Logan, Evans, et al., 2005). This is especially important for women living in rural areas and immigrant women.

Service providers should develop and implement ADA compliant structural changes to facilities and shelters as well as obtain necessary equipment to increase accessibility for women with disabilities. Frantz et al. (2006) recommended that domestic violence and sexual assault programs increase less established accessibility features such as doors operated with closed fist and that stay open for a minimum of 3 seconds, Braille or raised lettering on signage. Policies and procedures should be implemented to address accommodations for women with personal attendants or guide dogs. Shelters can also provide storage for medical equipment or have equipment in-house such as TTY/ TDD for persons that are deaf of hard of hearing (CALCASA, 2001; Chang et al., 2003; Frantz et al., 2006).

Shelters can enhance their screening tools by including abuse specific to populations such as women with disabilities and immigrant women. An example of a screening instrument includes a traditional domestic violence assessment, disability related abuse, and functional assessment of activities of daily living (ADL) (Gilson et al., 2001; Nosek, Foley, et al., 2001). Shelters can also screen for abuse related to immigrant status or culturally specific abuse. Service providers can obtain the Abuse Assessment Screen-Disability (AAS-D) instrument from CROWD. Medical centers, independent living programs, and criminal justice providers can also utilize this type of assessment. .

Language accessible services are another way to assist certain populations. Interpreters and bi-lingual staff have been recommended in various studies (Yearwood, 2002; Chang et al., 2003; Krishnan & Cutler, 2005; Frantz et al., 2006). This includes various languages for ethnicities and ASL. Asian Women's Shelter (AWS[n.d.]) is a prime example of a multi-lingual access model (MLAM) program. Services provided are accessible to over 30 languages. MLAM consists of paid on-call language advocates that were recruited directly from unserved and underserved communities.

Another way that service providers can increase accessibility is by developing services that address co-occurring issues. Zweig et al.'s (2002) study provided examples of unique approaches that assisted women with substance abuse and mental health issues. Service providers advocate for women in obtaining substance abuse or mental health treatment while simultaneously receiving domestic violence/ sexual assault services. Zweig et al. (2002) reported other specific examples such as in-house substance abuse treatment services, problem-specific support groups, and flexibility with shelter policies with women with substance abuse problems.

Training and Collaboration

Multiple studies discussed the importance of training and collaboration. Cultural competency training helps service providers to become educated on reaching out and assisting hard-to-reach populations. This would require that service providers learn about specific history of populations, learn about specific disabilities, co-occurring issues, and cultural beliefs and traditions (CALCASA, 2001; Kim, 2002; Zweig et al., 2002; Smith, 2003). It would also be necessary for service providers to be aware of culturally specific types of abuse and open to utilizing other modes of interventions.

Collaboration with key service providers that help hard-to-reach populations is crucial in addressing accessibility. Zweig et al. (2002) revealed key collaborations with agencies such as substance abuse treatment, mental health facilities, and health agencies. Chang et al. (2003) indicated that service providers could overcome challenges by cross-referring between agencies, serving on boards specifically related to persons with disabilities, and recruit volunteers from other disability-related organizations. The Center for Research on Women with Disabilities (CROWD [1999]) encouraged independent living centers to collaborate with abuse intervention programs to train other service providers, such as law enforcement, medical, and social service professional; independent living centers can help domestic violence shelters to provide personal assistants, replace medications and assistive devices that were left behind.

Identified Gaps and Needs

It is crucial that service providers provide services that are physically, programmatically, and culturally accessible for all women. There still appears to be decreased accessibility for specific hard-to-reach populations such as the ones previously mentioned. Multiple studies have identified increased needs in areas of interpreting, bilingual and diverse staff, ADA compliant facilities, disability specific equipment, supplementary services, and multiple barriers treatment (Zweig et al., 2002; Yearwood, 2002; Frantz et al., 2003; Chang et al., 2003; Shiu-Thornton, 2005).

There appears to be a gap in funding and service providers' ability to implement necessary structural and programmatic changes (Frantz et al., 2003, Chang et al., 2003). Additional accessibility studies need to be conducted on other locations such as law enforcement stations, courthouses, and hospital emergency rooms.

Service providers appear to be assisting women from a standardized, Western-based model, which fails to include culturally specific types of abuse and culturally congruent interventions. This can contribute to reasons for women not being identified as domestic violence and sexual assault victims. This also attributes to women not accessing standardized services. Zweig et al. (2002) asserted that traditional or mainstream approaches be replaced with or expand to include tailored service strategies to address victims experiencing multiple barriers. Various studies have indicated that it would be helpful to integrate culturally specific screening assessments and interventions.

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Appendix B2

Summary Charts of Selected Studies

Chart 1: *Summary of Selected Studies on Asian and Pacific Islander (API) and Violence Against Women*

Author	Sample	Location	Major Findings
Baba & Murray[a] (2003)	131 Vietnamese college students	Silicon Valley, CA	1. 87% fathers and 85% mothers used verbal abuse once. 2. 63% fathers and 26% mother used physical abuse one. 3. Factors contributing to abuse: decision-making power, cultural adaptation and beliefs in traditional gender roles, and marital conflict.
Bui[b][c] (2003)	34 Vietnamese women; 11 service providers	Orange County, CA; Houston, TX; Boston, MA; Lansing, MI	1. 21 women talked with relatives, friends, and religious leaders. 2. 22 women reported to police. 3. According to Houston and Boston police, 10-15% Vietnamese American women made reports in 2000. 4. 20-30% using victim services were referred by Boston and Houston police.
Bhuyan, Mell, Sullivan, & Shiu-Thornton[d] (2005)	39 Cambodian women	West Coast U.S.	1. Domestic violence and extended family violence are considered "normal" within family. 2. Emphasis on keeping family together. 3. Cultural beliefs and traditions have impact on help-seeking behaviors. 4. No domestic violence assistance in Cambodia, reliance on family. 5. Refugee Women's Alliance (ReWA) assisted with emotional support, interpretation, language skills, and other services.
Kim[e] (2002)	10 API female domestic violence service providers (Chinese, Filipina, Hawaiian, Hmong, Indian (South Asian), Japanese, and Korean)	Various locations in U.S. (East Coast, Pacific Islands, Pacific Northwest, South, and West Coast)	1. Identified culturally specific types of abuse and critiqued standardized domestic violence models that were not congruent to API cultural beliefs and traditions. 2. Recognized that abused API women may not want to leave relationship and suggested other types of interventions. 3. Assist women to attempt to minimize violence or increase safety. 4. Community accountability for abusers/ community organizing. 5. Family Style Interventions 6. Domestic violence outreach to ethnic-based festivals, ESL classes, community leaders, door-knocking, and community-based conferences.
Kim[f] (2005)	Cambodian Association of America (CAA); Alliance Against Asian DV (AAADV); Narika; Korean Community Center of the East Bay (KCCEB); Asian Women's Shelter (AWS)	Long Beach, CA; San Francisco, CA; Berkeley, CA; Oakland, CA; San Francisco, CA	1. Innovative API community outreach strategies and community mobilization. 2. Door-knocking campaign (CAA Stand Against Violence Effectively program) 3. Grocery Bag campaign (AAADV) 4. Blue-Collar Workplace outreach (Narika) 5. Community Needs Assessment (KCCEB Shimtuh program) 6. Queer Community outreach (AWS Queer Asian Women's Services)

Krishnan & Cutler[g] (2005)	South Asian Women's Empowerment and Resource Alliance (SAWERA)	Portland, OR	1. Blend of traditional domestic violence and culturally specific services. 2. Family style interventions utilized. 3. Challenges to retain cultural competent services and stabilize its infrastructure. 4. Transitional housing project to provide surrogate cultural community.
National Association Women's Health Organization[b] (NAWHO) 2002	336 Asian American women (Chinese, Korean, Vietnamese, Japanese, Filipino, Asian Indian and Thai, Hmong and Laotian, and other Asian)	Los Angeles, CA San Francisco, CA	1. 94% agreed that rape is a serious problem in society. 2. 19% did not believe that rape is most commonly committed by someone they know. 3. 18% believed that rape does not happen in an intimate relationship. 4. 19% felt pressured to have sex without their consent since the age 18. 5. 8% reported complete rape; from this 16% reported being raped by an intimate partner. 6. Women reported physical violence (12%) and emotional abuse (26%) in an intimate relationship. 7. 14% reported being stalked. 8. 97% did not utilize domestic violence or sexual assault services in the community; 19% were not aware of available services.
Shi-Thornton, Senturia, & Sullivan[d] (2005)	43 Vietnamese women	Seattle, WA	1. Lack of awareness within their community regarding domestic violence. 2. Most women utilized TRO, shelter, housing assistance, ESL, welfare, or divorce. 3. Domestic violence is a learned concept as a result of migration to the U.S. and acculturation. 4. Domestic violence education in ESL classes and /or educational encounters that facilitate immigrant adjustment. 5. Extended family violence and portrayed as a private matter.
Yick[h] (2001)	Chinese Immigrant Families	U.S.	1. Family system cloaks and perpetuates abuse. 2. Collective identity over individualism can create help-seeking barriers for abused women. 3. Empowerment and self-determination may not be culturally congruent with beliefs and traditions. 4. Lack of resources, acculturation, and immigration factors can increase abuse.
Yick, Shibusawa, & Agbayam-Siewert[b] (2003)	262 Chinese Americans 133 males; 129 females	Los Angeles, CA	1. Domestic violence victims experiencing verbal and physical abuse within 12 months will more likely experience depression. 2. Victims experiencing verbal aggression within 12 months will experience somatic symptoms. 3. 80% women experienced verbal aggression (12 mths.); 85% in a lifetime.

			4. Less than 10% physical violence (12 mths.); Less than 20% in a lifetime.
Yoshihama[c] (2001)	211 Japanese women	Los Angeles, CA	1. Identified cultural specific types of abuse such having sex in close quarters around family, overturning dining room table, and throwing liquids on women. 2. 3% Japanese women of various generations reported being doused with liquid 3. 11% first generation and 9% second generation reported partners overturning dining table. 4. 3rd and 4th generation reported having being forced to have sex around people.
Yoshihama[c] (2002)	211 Japanese women	Los Angeles, CA	1. 129 identified as abused women. 2. 1/8 injured to violence; 47% injured multiple times. 3. 81% confronted partner; 74% sought help from friends. 4. U.S. born perceived "active" coping skills as less psychologically distressing. 5. Japanese born perceived "active" coping skills as more psychologically distressing than passive coping skills.
Yoskioka, DiNola, & Ullah[a] (2001)	507 Chinese, Korean, Vietnamese, and Cambodian adults (overall 59% women and 41% men except for 69% Vietnamese men and 31% Vietnamese women)	Northeastern U.S.	1. Overall, Vietnamese adults reported highest among other groups for the justification of abuse and male privilege. 2. 60% Vietnamese adults viewed male as ruler of home compared to 14-27% of other groups. 3. 34.9% Cambodian adults reported that husband is never justified in hitting his wife compared to 5.8-10.3% of other groups. 4. 27% witnessed one parent hit the other at least once growing up; about 10% witnessed marital violence on a regular basis.
Yoshioka, Gilbert, el-Bassel, & Baig-Amin[c] (2002)	62 women (20 African Americans; 22 Hispanic; 20 South Asian)	Northeastern U.S.	South Asian Women 1. 68.4% reported lowest physical violence among other groups 2. 68.4% reported highest for being burned/scalded. 3. Families told women to stay with the abuser (35%) or work it out (30%), which was also highest among the groups. 4. 45% were told to leave the abuser, which was lowest among other groups. 5. High disclosure (60%) to mom or sister; low disclosure to service providers.

[a] mailed questionnaire [b] phone interviews [c] face to face interviews [d] focus groups [e] interviews unspecified
[f] key informant group [g] ethnography [h] theoretical paper

Chart 2: *Summary of Selected Studies on Native American Women and Violence Against Women*

Author	Sample	Location	Major Findings
Evans-Campbell, Lindhorst, Huang, & Walters[a] (2006)	112 American Indian/ Alaskan Native women	New York, NY	1. Over 65% experienced a form of interpersonal violence. 2. 48% experienced rape. 3. 75% accessed traditional Native American interventions. 4. 70% accessed conventional mental health services.
Hamby[b] (2004)	None	U.S.	1. Culturally specific resources include: Native American healers, sweat lodges, talking circles, and tribal justice forums. 2. Incorporate culturally congruent process into services and programs. 3. Barriers: lack of transportation, language barriers regarding terminology of violence against women, isolation, and lack of phones. 4. Service providers are making recommendation based on standardized U.S. values.
Luna-Firebaugh[ac] (2006)	123 Violence against Indian Women (VAIW) STOP service providers	U.S.	1. 36% increase in arrest of offenders. 2. 76 projects developed mandatory arrest policies 3. Protection orders available in 93% of tribal court jurisdictions. 4. More than 85% of domestic violence incidents are alcohol-related. 5. From 1995-1999, tribal STOP programs used 27 tribal collaborative shelters, 23 tribally affiliated non-profit shelters, 33 mainstream shelters, and 14 safe houses.
Madrigal[b] (2001)	None	U.S.	1. Impact of Indian Child and Welfare Act (ICWA). 2. ICWA is relevant to domestic violence due to child abuse co-occurring. 3. Barriers to reporting include fears that children will be taken away from tribe.
Smith[d] (2003)	None	U.S.	1. History of multi-generational trauma 2. Native Americans were dehumanized and viewed as savages. 3. Native Americans' bodies were viewed as "dirty" and considered sexually violable. 4. Issues of colonial, race, and gender oppression cannot be separated.

[a] face to face interviews [b] literature review [c] questionnaire [d] historical paper

Chart 3: *Summary of Selected Studies on Women in Rural Communities and Violence Against Women*

Author	Sample	Location	Major Findings
Grossman, Hinkley, Kawalski, & Margrave[a] (2005)	50 agencies provided data on clients to Illinois Coalition Against domestic violence (ICADV)	Illinois	1. 44% clients received services from Cook County (urban) 2. 18.3% clients received services from rural counties. 3. 16 agencies served Cook County clients; 17 agencies served clients in multiple rural counties. 4. Rural clients more likely to be self-referred or referred by a legal service provider, friends, or relatives. 5. Increased need for personal/ emotional support, transportation, education, and training.
Hightower & Gorton[b] (2002)	8 women 22 service providers (law enforcement, district attorney, victim assistance coordinator, judges, healthcare providers, religious leaders, and city council member)	Birdsall, TX	1. 5 dissatisfied with law enforcement (LE) interventions 2. 2 used Safehaven domestic violence Shelter in Donaldson County; Preference to stay near family and friends. 3. 3 sought healthcare for injuries 4. A majority of LE viewed the protection of victims and batterers as equally important. 5. District Attorney reluctant to use incarceration as a sanction or avoids prosecuting batterers. 6. Community service providers (non-criminal justice) only responded when approached by women.
Lewis[c] (2003)	None	U.S.	1. Close knit community attributes to low anonymity and confidentiality. 2. Victim or perpetrator may know service providers. 3. More conservative and patriarchal attitudes. 4. Majority of sexual assault are committed by acquaintances. 5. More likely to re-encounter perpetrators.
Logans, Evans, Stevenson, & Jordan[d] (2005)	30 women	U.S.	Barriers to Health and Mental Health Services: 1. Affordability: cost was problematic. 2. Availability: limited agencies, hours, or area coverage. 3. Accessibility: lack of awareness of services, misperception of services, bureaucracy, staff incompetence, or lack of resources. 4. Acceptability: shame/ blame, lack of sensitivity, community/ family backlash, confidentiality concerns, or loss of trust.

			Barriers to Criminal Justice Services: 1. Availability: limited police or lengthy response time. 2. Accessibility: based on who you knew, lack of priority, or lack of prosecution of cases. 3. Acceptability: revictimization, lack of control in decision making, fears and misperceptions of LE, fear of perpetrator retaliation, and victim-blaming attitudes.
Logan, Walker, Cole, Ratliff, & Leukefeld[b] (2003)	23 women (15 urban and 8 rural)	U.S.	1. Rural women reported less social support, spent time driving alone, contained their feelings, and tried to ignore abuser. 2. 88% rural women vs. 47% urban women said they were stressed or more depressed. 3. 50% rural women vs. 27% urban women disclosed to health or mental health provider. 4. 90% rural women vs. 20% urban women reported homelessness. 5. 1 out of 5 rural households did not have car or phone.

[a] secondary data collection [b] face to face interviews [c] research paper [d] focus groups

Chart 4: *Summary of Selected Studies on Women with Disabilities and Violence Against Women*

Author	Sample	Location	Major Findings
Center for Research on Women with Disabilities [a] (CROWD) (2000)	598 domestic violence programs	U.S.	1. 89% of domestic violence programs provided less than 5 special services for women with disabilities. 2. Programs provided individual counseling (80%) and group counseling (73%). 3. 83% of most common services used were shelter or referral to accessible safehouse or hotel room. 4. 47% provided interpreter for hearing impaired women. 5. Only 6% of programs offered personal care attendant services. 6. Domestic violence programs commented on most effective outreach services, but findings revealed that they offered minimal presentations and printed information.
Chang et al. [a] (2003)	65 domestic violence programs	North Carolina	1. Women with disabilities served: 73% mental retardation; 69% physical disabilities; 38% hearing impairments, 25% visual impairments, 69% shelters accommodated seeing-eye dog, and 58% shelters accommodated personal care attendants. 2. Recommendations: cross-refer and cross train with agencies, serve on boards of other agencies, and recruit volunteers from disability-related organizations.
Elman (2005)	None	U.S.	1. Disabilities vary from physical injuries, chronic disease, mental illness, and sensory and/ or cognitive impairments 2. Increased rates of sexual victimization for individuals with cognitive disabilities 3. Majority of perpetrators are male caregivers and male family members. 4. Inaccessibility issues are attributed to absence of accessible reporting devices, assistance personnel, comfortable examination devices, and community spaces that are architecturally accessible. 5. Increased need for sex education classes which dispels myths about "asexuality" and allows for open dialogue.
Frantz, Carey, Bryen [a] (2006)	65 domestic violence/ sexual assault participants for physical survey; 54 domestic violence/	Pennsylvania	1. Evaluated program and physical accessibility. 2. 86.5% reported that they were able to serve women with disabilities 3. Women served: 96.3% mental illness, 88.5% mental retardation, 78.8% with mobility disabilities, 69.2% with sensory disabilities 62.3% who use wheelchairs, and 10.9% who use augmentative/ alternative communication. 4. Programs had less established physical accessibility features: 39% had doors that operated

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[a] survey

[a] survey, [b] questionnaire

	sexual assault participants for program survey		with closed fist, 54% had doors that stayed open for at least 3 seconds, and 13% had Braille or raised lettering on signage. 5. Lack of program accessibility includes educational material in alternative formats (3.7%-22.6%), no established policies related to disabilities (25%), and TTY (38.9%).
Gilson, DePoy, & Cramer (2001)	None	U.S.	Promotes service providers to utilize traditional abuse assessment instruments, include disability-related abuse, and a functional assessment of activities of daily living (ADL).
Milberger et al. [b] (2003)	177 women with physical disabilities; 100 /177 abuse victims 85/ 100 participated in follow-up survey	Michigan	1. Participants reported 87% physical abuse, 66% sexual abuse, 35% were refused help with a personal need, and 19% were prevented from using an assistive device. 2. 89% reported multiple incidents of abuse 3. Perpetrators ranged from 80% male partner, 31% family member, 15% acquaintance, 12% caretaker or health professional, and 8% stranger. 4. 33% sought help; about ½ of participants reported that service providers were accommodating to their disability; other ½ reported that service providers were not able to resolve abusive situation (such as no police action taken or shelters were unaccommodating). 5. 53% indicated that abusers utilized alcohol or drugs during time of abuse; 11% reported using alcohol or drugs.
Nosek, Foley, Hughes, & Howland [a] (2001)	439 women with disabilities; 421 without disabilities	U.S.	1. Duration of abuse for women with disabilities is typically longer than women without disabilities. 2. Discussed abuse occurring in disability-related settings and within helping relationships. 3. 181 of women with disabilities reported some type of abuse. 4. Promoted abuse assessment screen-disability (AAS-D) instrument to recognize disability-related abuse.
Nosek, Howland, & Hughes (2001)	None	U.S.	1. Domestic violence can cause temporary or permanent disabilities 2. Service providers should not assume that the individual was born with a disability.
Plichta (2004)	None	U.S.	1. Domestic violence increases the risk of injuries, deaths, disabilities, and chronic pain. 2. Long term direct effects of domestic violence can be traumatic brain injury, injuries from strangulation, disability, and chronic pain. 3. There appears to be an avoidance of medical care by abused women. 4. Increased domestic violence screening needs to be used by health care providers.

Chart 5: *Summary of Selected Studies on Victims of Sex Trafficking and Violence Against Women*

Author	Sample	Location	Major Findings
Human Rights Center[a][b][c] (2005)	Newspaper articles (Jan. 98-Dec. 03), 49 service providers, government reports, 4 case studies, and key informants	California	1. CA reported the largest number of prostitution cases (47.4%) and mail order brides (5.3%). 2. 80% cases occurred in Los Angeles, San Francisco, and San Diego. 3. Health issues: poor, unsanitary living conditions; high risk of STDs, HIV, and pregnancy. 4. Homeless and domestic violence shelters not adequately equipped to meet needs of forced labor victims. 5. Treatment should be culturally congruent; Western approaches may confuse, offend, or alienate some women. 6. CA law enforcement (LE) needs to work with federal authorities in relocation of family members. 7. Need longer-term reintegration/ rehab services, appropriate translation services, and increase of LE training.
May[c] (2006)	Over 100 individuals that include female victims, current and former sex workers, men who pay for sexual services, federal investigators, owners of sex establishments, U.S. Border Patrol agents, custom agents, U.S and Korean government officials, university researchers, attorneys, and social workers.	San Francisco (SF), CA.	1. About 90 Asian massage parlors sell sex in SF; 37 erotic massage parlors have massage permits issues by the Department of Public Health. 2. Cities of Livermore, Concord, San Mateo, and Santa Clara found residential Asian brothels in their neighborhoods. 3. SF police vice unit has only 9 employees and need more staff due to the number of Asian massage parlors doubling in SF within past 2 years. 4. Weekly arrests are made on prostitutes in massage parlors; officers communicate that they will not go to jail if they cooperate, but women are more afraid of traffickers. 5. During Operation Gilded Cage in SF, 100 Korean masseuses were removed from 10 parlors and 45 others arrested statewide for operating an international sex trafficking ring.
May[c] (2006)	-1 Korean woman -Over 100 individuals that include female victims,	South Korea, U.S./ Mexican Border, Koreatown in Los	1. You Ki Kim's personal story of sex trafficking. 2. Documented in a series of three parts of SF Chronicle's "Diary of Sex Slave:" Part 1: "Fooled by traffickers in South Korea"

	current and former sex workers, men who pay for sexual services, federal investigators, owners of sex establishments, U.S. Border Patrol agents, custom agents, U.S and Korean government officials, university researchers, attorneys, and social workers.	Angeles, and San Francisco (SF), CA.	Part 2: "Trapped in Los Angeles" Part 3: "Trying to break free in SF"
Schauer & Wheaton[d] (2006)	None	U.S.	1. Recommended for LE to examine possible sex trafficking related crimes such as document fraud, money laundering, migrant smuggling, and prostitution. 2. LE functioning from a prostitution paradigm which attributes to misidentification of victims and increased arrests of victims. 3. Shift from prostitution paradigm to trafficking paradigm. 4. Clients or "Johns" can be utilized to identify potential sex trafficking activities.
Webber & Shirk[e] (2005)	None	U.S.	1. From 2001-May 2005, Office of Refugee Resettlement has issued 752 certificates 2. From March 2001-mid May 2005, 491 victims of severe trafficking received T-visas. 3. Low distribution of T-visas may be attributed to gap between government estimates of victims, fraction of trafficking victims meet eligibility, and LE inability to identify victims.

[a] newspaper [b] case studies [c] interviews [d] literature review [e] policy paper

Chart 6. *Summary of Selected Studies on Incarcerated Women and Violence Against Women*

Author	Sample	Location	Major Findings
Bliss, Cook & Kalsow [a,b] (2006)	85 Incarcerated Women, Maximum Security Prison	Southeastern U.S.	1. 48% reported history of childhood physical abuse 2. 65% reported history of childhood sexual abuse 3. 65% reported witnessing interpersonal violence 4. 16.56 mean number of interpersonal violence acts experienced 5. 75% reported having been injured at least once in previous relationship 6. 60% perceived last relationship to be abusive 7. Reported high number of PTSD symptoms (M=15.94) 8. Reported high number of injuries (M= 2.26) Results of the IPVS Index indicate nearly 100% of sample had taken at least one of 38 strategic responses. Although similar to general population findings, incarcerated women reported using far fewer legal responses.
Bradley & Davino [a,b] (2002)	65 Incarcerated Women, Medium Security Prison	Southeastern U.S.	1. 86.2% reported history of childhood sexual abuse 2. 56.9% reported history of childhood physical abuse 3. 55% reported history of childhood sexual and physical abuse 4. 84.6% reported adulthood physical abuse 5. 67.7% reported adult sexual assault 6. Prison was perceived at a statistically significant level as a safer environment than was childhood or pre-incarceration adulthood
Browne, Miller & Maguin [a,b] (1999)	150 Incarcerated Women, Maximum Security prison	Bedford Hill, New York	1. 70% reported history of severe childhood physical abuse 2. 59% reported history of childhood sexual abuse 3. 75% reported severe physical violence by intimate partners in adulthood 4. 53% reported an intimate partner had threatened to kill them (16% reported that the partner threatened to kill their friends and family) 5. 62% reported being injured by intimate partner (56% reported bruises, 21% reported concussion, 17% reported broken bones; 46% reported requiring medical treatment) 6. 37% reported obtaining restraining orders 7. 28% reported filing charges 8. 50% reported being physically assaulted, threatened or harassed after separation 9. 77% reported criminal victimization by non-intimates (muggings, threats of assaults and assaulted with weapons, sexual assaults) 10. Results indicate incarcerated women were subject to high and severe prevalence rates for severe violence perpetrated by intimates at a rate that far exceeds that of the general population.

Greene, Haney & Hurtado [a,b] (2000)	102 Incarcerated Mothers in three jails (small, local county facility, local transitional recovery home for addicted women serving jail sentences, a large, urban women's correctional facility)	Central California	1. 65% reported history of childhood physical abuse 2. 55% reported history of childhood sexual abuse 3. 60% reported history of witnessing violence in childhood home 4. 54% reported being separated from parents for extended periods 5. 58% reported physical and sexual violence by intimate partners 6. 69% serving drug -related sentences; 58% indicated addiction to drugs and/or alcohol; 71% reported previous addiction; 4% reported addiction to alcohol only. 7. 83% reported that their children had been physically or sexually abused; 70% reported that their children had witnessed violence at home
Merrium (1998)[c]	Four case studies of incarcerated women	Kingston Prison for Women, Ontario, Canada	1. Use of art therapy with incarcerated women with histories of severe trauma including intimate partner violence was found to be effective therapeutic modality with this population. 2. Art therapy was found to provide non-verbal opportunities to access, identify and express powerful and painful feelings, experiences and thoughts in a safe manner; 3. The process provided a voice for such feelings and experiences in safe and restorative environment. Art therapy was found to increase self-understanding, autonomy, self-esteem; restored personal empowerment and sense of control.

[a] face to face interviews, [b] scales, questionnaires, structured interview format, [c] case study

Chart 7: *Summary of Selected Studies on Adolescent and Dating Violence and Violence Against Women*

Author(s)	Sample	Location	Major Findings
Ackard, Eisenberg, & Neumark-Sztainer [a] (2006)	671 adolescent males and 720 adolescent females from public middle and high schools completing the Project EAT survey in 1999(Wave 1) and 2004 (Wave 2)	St. Paul and Minneapolis, Minnesota	1. 23 males and 102 females reported adolescent dating violence victimization 2. Adolescent dating violence was found to be a nonspecific risk factor for behavioral and psychological health concerns, primarily among girls. 3. Analysis adjusted for Wave I (1999) outcomes, indicated dating violence victimization was significantly associated with cigarette smoking and suicide attempts for both genders; positively correlated with binge eating and suicidal ideation for boys; and marijuana use and high depressive symptoms for girls. 4. Dating violence victimization was highly correlated with high-risk status for both males and females. 30.4% males and 50.% of females who reported dating violence victimization had 3 or more health risk factors.
Benyard, Cross, & Modecki [a] (2006)	980 adolescents 11-19 years old responding to Teens Assessment Project	New Hampshire	1. This study examined individual, family and community correlates of physical and/or sexual dating violence perpetration 2. 93 (9.5%) reported physical dating violence perpetration 3. 60 (6.1%) reported sexual abuse perpetration 4. No significant differences in self-reported perpetration by grade level, age or gender for physical dating violence; More males (10%) reported perpetration of sexual victimization than females (2.5%) ; older students had higher sexual abuse perpetrating rates 5. Overall, perpetration was related to personal history of sexual abuse, physical abuse, higher self-reported use of alcohol and drug use, higher levels of depressed mood, divorce, lower perceived parental monitoring and lower perceived maternal and maternal support; lower perceived neighborhood monitoring, lower school attachment, and lower sense of social responsibility 6. Logistic regression results indicate history of sexual abuse victimization (3 times more likely to report physical abuse perpetration; 21 times more likely to self-report sexual perpetration; 4 times more likely to report either), higher depressed mood (increased odds of self reporting either form of abuse by 37%); gender (being female decreased odds of perpetrating sexual abuse by 90%); divorced parents (increased odds of physical abuse perpetration by 70%) 7. History of physical abuse victimization increased odds of perpetrating physical dating violence by 100%.
Centers for Disease Control [a] (2006)	14,956 adolescents who responded to the 2003 nationwide Youth Behavior Risk Surveillance System	Nationwide	1. Overall, 8.9% of the sample reported physical dating violence victimization (m=8.9%; f=8.8%). This equates to 1 in 11 or 1.5 million high school students having been victims of physical dating violence within the previous 12 months. 2. Prevalence of physical dating violence victimization was greater among African-American (13.9%) than Hispanics (9.%) and Caucasians (7.0%).

	survey(cross-sectional sample of 9-12 grade boys and girls)		3. Prevalence of engaging in four risk behaviors were significantly associated with reported physical dating violence victimization: currently sexually active, suicide attempts, heavy alcohol consumption, involvement in physical fighting. 4. Lower self-reported grades were associated with higher levels of physical dating violence victimization.
Freedner, Freed, Yang, & Austin [a] (2002)	521 adolescents (m=171; f=350) attending a Gay, Lesbian, Bisexual Youth Ralley	Northeastern United States	1. This study documents dating violence among GLB and heterosexual adolescents and additionally identifies the gender of the abuser. 2. 41.5% of males reported experiencing at least one of 5 types of dating violence; bisexual males had 3.6 times the odds of experiencing at least 1 type of abuse than heterosexual males and 5.4 times the odds of being threatened with 'outing' by a date partner than gay males. 3. 37.1% of females reported one or more of 5 types of abuse; 27.3% of bisexual females experience at least on of 5 types of abuse from male date partners; 19.3% of lesbians experienced abuse by male dates or male partners. 4. Compared with heterosexual females, lesbians had 2.4 times the odds of reporting a date had made them fear for their safety; bisexual females had 2.0 times the odds; Bisexual females had 4.3 times greater odds than lesbians of being threatened with "outing" by a date partner. 5. 25% of the males experiencing partner abuse did not disclose to anyone; 31% of the females experiencing abuse also did not disclose to anyone. Of those who did disclose, only 1/6th told an adult and the others told peers.
Howard & Wang (2003a) [a]	7,824 adolescent females (9-12th grade) responding to 1999 National Youth Risk Behavior Survey	Nationwide	1. Almost 1 in 10 of the female respondents reported dating violence victimization. 2. 12th graders reported highest prevalence of dating violence 3. Girls reporting dating violence victimization were more likely to report extreme sadness, suicide attempts, be involved in other violent behaviors, use alcohol and/or drugs and engage in risky sexual behavior. 4. Multivariate analysis indicates that dating violence was significantly associated with sad/hopeless feelings, binge drinking, cocaine or inhalant use, multiple sex partners, nonuse of condoms, and ethnicity (specifically African-American followed by Hispanic)
Howard & Wang [a] (2003b)	7,434 adolescent males (9-12th grade) responding to 1999 National Youth Risk Behavior Survey		1. Nearly 1 in 10 of the boys or 9.13% responding to the survey reported dating violence victimization. 2. Boys who reported sadness/hopelessness, attempted suicide, reported fighting, had multiple sex partners, and engaged in un-safe sex were more likely to report victimization. 3. Boys who had reported suicidal ideation were 3.5 times more likely to report dating violence victimization and those who had reported suicide attempts were 6.5 times more likely to have experienced dating violence. 4. Prevalence of dating violence victimization was found to greatly increase in the 12th grade from all other grades.

Howard, Beck, Kerr, & Shattuck [a] (2005)	446 Latin adolescents (14-19 years old) completed the Identity Positive Youth Development Survey	Washington, D. C. area	1. About 9% or 1 in 10 Latino youth reported physical dating violence in the previous 12 months (f-8.9%; m=8.8%). 2. Dating violence victimization was significantly associated with risk behaviors such as: carrying a weapon, gang involvement, binge drinking and drug abuse. Youth who carried a weapon were 7 times more likely to have reported victimization than those youth who did not carry a gun. 3. Victimization was also positively associated with depression and suicidal ideation. Boys who reported suicidal ideation were 6 times more likely to report victimization than boys without suicidal thoughts. 4. Girls who reported stronger sense of self and higher family connectedness were less likely to report victimization. 5. Girls who reported gang-related activities, but not gang membership were more likely to report dating violence. 6. Involvement in gang activities and gang membership were significantly related to dating violence victimization for boys. However, odds of victimization were lower if they were gang Members themselves.
Jonson-Reid, Scott, McMillen, & Edmond [b,c] (2007)	339 emancipating foster youth who were age 17 at baseline and 3 month follow-up interview	Missouri	1. Foster youth in this study reported a higher prevalence (18.3%) of dating violence (victimization and perpetration) than found among general youth population. 2. Self-reported PTSD symptoms and drug use were associated with greater odds of victimization. 3. Majority of participants who self-reported as dating violence perpetrators also self-reported as victims. A higher rate of PTSD symptoms was found for the perpetrator – only participants. 49% of the victims and 45% of the perpetrators reported telling someone about the violence at least once. 43% told a family member, 23% told a friend, 17% told a foster parent, and 7% told a child welfare worker. 69% reported that the disclosure was helpful.
Lawyer, Ruggiero, Resnick, Kilpatrick, & Saunders [c] (2006)	4,023 nationally representative adolescent sample (12-17 years old) responding to the National Survey of Adolescents (NSA)	Nationwide	1. Mental health correlates (PTSD, depression, substance abuse/dependence, delinquency) of victim-perpetrator relationships were examined among adolescents reporting interpersonal violence victimization. 2. Adolescents sexually assaulted by non-strangers or by a family member were found to be at increased risk for PTSD; those sexually assaulted by acquaintances were at increased risk for delinquency. 3. 13.2% of the girls and 3.5% of the boys reported sexual assault victimization. 4. 13.4% of the girls and 21.6% of the boys reported physical assault victimization.
Ozer, Tschann, Pasch, & Flores [c] (2004)	112 girls and 135 boys ages 16 to 20 (European American and Mexican American)	California	1. Boy's self-reported perpetration of violence was found to decrease from baseline to follow-up: sexual aggression declined from 15% at baseline to 11% at follow-up; peer violence from 36% to 22%. 2. Boy's self-reported prevalence of dating violence perpetration was 10% (measured at follow-up only).

	participated at baseline and 1 year follow-up		3. Girl's self-reported perpetration of peer violence declined from 19% at baseline to 4.5% at follow-up. 5% reported perpetrating sexual aggression at both baseline and follow-up. 4. Girls reported a 12.5% prevalence of dating violence at follow-up. 5. Violent behavior at baseline was predictive of violent behavior at follow-up for boys only. 6. Boys who reported both peer and sexual violence at baseline were found to be more likely to perpetrate later violence (peer, sexual or both). 7. For boys, sexual aggression and peer violence perpetration was related to dating violence at follow-up. For girls, perpetration of sexual aggression was related to dating violence at follow-up.
Sanderson, Coker, Roberts, Tortolero, & Reininger [d] (2004)	4,525 Latino adolescents ages 14 and over	Texas Lower Rio Grande Valley	1. 8.7% of the girls and 6.9% of the boys reported dating violence victimization in the past 12 months. 2. Increasing age through 17 years old was associated with dating violence for girls. 3. Parental birthplace outside the U.S. was associated with reduced dating violence victimization among females. Increased acculturation was found to be associated with increased odds of dating violence victimization. 4. Perceived discrimination among girls was positively associated with dating violence victimization.
Sears, Byers, & Price [d] (2007)	329 boys and 309 girls (7, 9 and 11th grades)	Canada	1. 35% of the boys self-reported that they had perpetrated psychological abuse, 15% physical abuse, 17% sexual aggression. 2. 47% of the girls reported that they had been psychologically abuse in dating relationship, 28% physically abusive, 5% sexually aggressive. 3. 43% of boys and 51% of girls reported using at least one tyupe of dating violence while 19% of boys and 26% of girls self-reported using 2 or more forms. of dating violent behavior (psychological, physical, sexual). 4. Psychological abuse alone was found to be the most common type of dating violent behavior used by 18% of the boys and 21% of the girls. 5. Significantly more girls than boys reported using more than 1 type of dating violence 6. Results indicated that boys who were more accepting of dating violence, more fearful of violence from family members, affiliated with abusive peers and had experienced all 3 types of dating violence self-reported that they had been psychologically, physically and sexually abusive in dating relationships. 7. Girls who were more accepting of dating violence, more fearful of violence from family members, affiliated with abusive peers and had experienced all 3 types of dating violence self-reported that they had been psychologically and physically abusive to dating partners.

[a] survey , [b] one-to-one interview [c] telephone interview, [d] self-administered questionnaires

Chart 8. *Summary of Selected Studies on Older Adults and Domestic Violence*

Author	Sample	Location	Major Findings
Barker & Himchak[a] (2006)	129 Identified elder abuse victims that were at least 60 years old with the medium being 75 years old.	New York City	1. Service utilization is related to three "need" factors: (1) Victim has cognitive and ADL impairments, (2) Victim has poor health status (self rated), and (3) The abuser is financially dependent on the victim and is also the primary caregiver of the victim. "Enabling" factor: (1) Victim lives alone. "Predisposing" factors: (1) Abuser is substance abuser and (2) Abuser is female. 2. Psychological abuse was the most often reported type of abuse (75%), followed by financial abuse (68%), physical abuse (43%) and neglect (33%).
Bergeron [b](2001)	Literature review, case study and theoretical discussion exploring elder abuse from perspectives of caregiver stress and domestic violence theories		1. The tendency of elder protection laws to be victim-focused and have resulted in limitations and lack of protection for elders who are not frail or are being abused by a partner who may be viewed as incapacitated. 2. Current elder abuse laws have traditionally been driven by a Caregiver Stress Theory" which can limit provisions for prosecuting the perpetrator, lack of adequate services, and lack of funding for long term case management 3. Of five major theories used to explain elder abuse, the Caregiver Stress Theory has been most frequently employed while Domestic Violence Theory has been least utilized despite the fact that spouse abuse is a common form of elder abuse. 4. Domestic violence Theory posits that as family relationships change over course of lifespan, forms of abuse and consequences for victim change. 5. Unlike the application of the Caregiver Stress Theory, application of Theory in law enforcement allows officers to arrest perpetrator without victim's permission when there is probable cause. 6. Use of Caregiver Stress Theory often negates the realities that care-receivers are capable of perpetrating domestic violence on care-givers resulting in lack of services or appropriate intervention for domestic violence victims. 7. Domestic violence advocates are not trained to work with elders and often complex health issues and there is a glaring lack of services available for elder victims.
Bergeron [c] (2002)	15 in-depth interviews of Elder Protection Service Workers conducted in 1996 are re-analyzed	New Hampshire	1. This study explored decisional factors used by Elder Protection Service workers in deciding whether to intervene in cases of elder physical abuse. In particular analyses of interviews were conducted to examine if EPS workers employed characteristics of the family preservation approach in practice despite the fact that the family preservation approach has not been acknowledged in the elder abuse literature. 2. Results indicated that while directly employing such terms as "family worker" or "family preservation model" workers identified the need for small caseloads, collaboration and intensive community services in order to effectively provide services for elder victims of domestic violence. The need for a universal practice model for addressing the complexities. Providing services for

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			elder domestic violence victims is supported. Further research exploring the use of the Family Preservation Model as a universal practice model is suggested.
County Welfare Directors Association of California, Adult Protective Services Operations Committee [a](2004)	Analyzed all reports (337) received by Adult Protective Services Departments in 58 California counties	California (statewide)	1. In California the Adult Protective Services (APS) decided to perform a study of one day to see how many calls were received regarding elderly abuse. The day selected was March 5, 2004 from 12:01am to 11:59pm. A total of 327 reports were made and the county that received the greatest number of reports was Los Angeles. 2. 63% of the victims were females and 37% were males. 3. Of the reports received, 72% were for elders (65 years of age and older) and 28% were for dependent adults.
Desmarais & Reeves (2007)	Analysis of literature review		1. Intimate Partner Abuse (IPA) among elders has been engulfed in the broader term of elder abuse resulting in an invisibility and/or disregard of elder IPA victims. 2. Prevalence rates of IPA among elder abuse cases range from 30% to 58% with spouses, ex-spouses or intimate partners as perpetrators. 3. Gender bias has resulted in an even greater lack of research and services for elder male IPA victims. 4. Research concerning IPA risk factors among elders is minimal, but what is known indicates that IPA among elders is most often reflective of life long relationship dynamics. Risk factors include: fear, living situation, social isolation, cognitive impairments, physical impairment, substance abuse and relationship dependency. 5. Early identification of IPA is critical factor in intervention and prevention. However no current IPA assessment instruments address risk factors specific to IPA among elders. 6. A glaring lack of services which specifically address IPA among elders and the need for Adult Protective Service Workers to develop working relationships with domestic violence programs. domestic violence programs and workers need training in the special needs and specific aspects of IPA among elders.

Malks, Schmidt, & Austin [b] (2002).	The Santa Clara County Department of Aging and Adult Services developed a Financial Abuse Specialist Team in May 1999 to provide an efficient system for investigating and acting on reports of financial abuse in Santa Clara County.	Santa Clara County, CA	1. Most police officers and prosecutors are not trained to spot financial abuse when it is reported, and when they do, they often refuse to investigate by claiming that is "a civil matter". 2. There may be at least 5 million financial abuse victims every year. 3. Financial abuse can be difficult to investigate and prosecute because the alleged victims want to protect their adult children or other family members who are perpetrating the abuse. 4. If financial abuse gets to be proven abusers can get longer sentences while victims may be awarded financial damages over and above the recovery of their assets.
McMillion (2003)	The American Bar Association (ABA) urging the U.S. Congress to address elder abuse issues.		1. Up to 5 million cases of elder abuse, neglect, or exploitation occur yearly, says the Health and Human Services. 2. "Thousands of cases go unaddressed each day", said by John B. Breaux, D-La. 3. The abuser may be a family member, professional caregiver or other individual whom the victim trusts.
Teaster, Dugar, Mendiondo, Abner, & Cecil d(2006)	National survey of Adult Protective Services Agencies for fiscal year 2003	All 50 states, Washington, DC and Guam	1. Reporting data is not uniform across states and some do not distinguish between elder abuse reports and vulnerable/dependent non-elder abuse reports. The result is that a true prevalence rate of elder abuse is difficult to document 2. Likewise states do not always define or categorize domestic violence separately from the larger categories of elder abuse, physical, emotional, neglect or financial abuse. The result is that true prevalence rates of domestic violence among elders is difficult to document. 3. Referencing data from states that report on persons 60 years of age and older separately from vulnerable/dependent adults (32 states), 253,426 reports were made in 2003 and 192,243 of these were investigated (29 states). 84,767 cases were substantiated (21 states). 4. One of the 7 recommendations made called for a national study of APS data specifically focused on abuse of those 60 years old and older be conducted every 4 years.
Vinton [b](2003)	An interagency collaboration was formed in a Florida community with a high proportion of older residents to fill the gaps in services that existed for the elderly.	Florida	1. Purposes of the Elder Domestic Violence Collaboration Project were to: create collaborative partnerships with appropriate community groups to ascertain gaps in services for the elderly victims of domestic violence, 2. Prepare a domestic violence center to become elderly ready, 3. Create partnerships with community based facilities, such as assisted living facilities, to provide space for an older victim of domestic violence, and 4. Retrofit a safe room in a senior center to provide respite and safety for elder victims awaiting case management.

Zink, Jacobson, Regan, Fisher, & Pabst c(2006).	38 women who were in abusive relationships since age 55 years were interviewed to understand their abusive stories, ways of coping, and health care experiences.	Ohio	1. Annually more than 13,000 U.S. women age 55 years and older report non-lethal victimization by an intimate partner. 2. Older women are more likely to remain in their abusive relationships. 3. The two main questions of the research were the following: (1) What kind of abuse was perpetrated in old age? And (2) How did the victim characterize, perceive, and make sense of her abusive partner? 4. Social support and spiritual or religious beliefs were fundamental positive factors.

[a] secondary data analysis, [b] case study, [c] interview , [d] survey

Appendix C1

Web-based Service Provider Survey Questionnaire

CA VAWA Service Priorities Survey 2007

Introduction and Consent

TO: VAWA Service Providers

FROM: VAWA Service Priorities Study

Dr. Francis Yuen, Professor & Dr. Chrystal Barranti, Associate Professor
Division of Social Work, California State University, Sacramento (CSUS)
916-278-7182, vawasurvey@csus.edu

DATE: 03/02/2007

Greetings! Your agency is invited to participate in this Service Priorities Survey which is sponsored by the Governor's Office of Emergency Services (OES). The purpose of this survey is to collect service providers' input and suggestions to facilitate the development of the Implementation Plan for the Violence Against Women Act (VAWA) Service Training Officers Prosecutors (STOP) Program for the State of California. This survey has 15 items and will take approximately 20 minutes to complete.

Your participation is voluntary and you are accessing this survey anonymously. You have the right to refuse to answer any or all of the questions. However, your participation and comments will help us gather accurate information in setting the service priorities for the VAWA funding. Your participation or refusal to participate will not positively or negatively affect your future funding support application with OES.

All information collected will be treated as confidential information. The information shall be collected and stored by the researchers at CSUS. Only grouped information will be provided to OES and no personal identifier will be indicated.

If you understand the above-mentioned conditions and are willing to participate, please check the Yes box below. Then, click the Next button to begin the questionnaire.

A second option is that you could print out the questionnaire and send us the completed copy by regular mail. Thirdly, if you prefer to respond to this questionnaire via a phone interview by one of our research assistants, please e-mail us (vawasurvey@csus.edu) your name, phone number and the best time for us to reach you.

If your organization has more than one VAWA funded project, each project should fill out one survey. Please complete the survey on-line, by mail, or by phone before 03/16/2007.

If you have any questions, please e-mail or call us. Thank you for considering our request.

I agree to participate in this VAWA Service Priorities Survey.*

○ Yes　○ No

VAWA Service Priority Survey Questionnaire

1. Which of the following groups or communities would you identify as populations that currently are significantly under-served (i.e., insufficient services and funding to meet the needs) by the VAWA programs?

	Very Significantly	Significantly	Neutral	Insignificantly	Very Insignificantly
Ethnic or cultural minorities	☐	☐	☐	☐	☐
Incarcerated survivors	☐	☐	☐	☐	☐
Older adults	☐	☐	☐	☐	☐
People with disabilities	☐	☐	☐	☐	☐
People with mental health needs	☐	☐	☐	☐	☐
People with substance abuse concerns	☐	☐	☐	☐	☐
Sex industry workers	☐	☐	☐	☐	☐
Teens	☐	☐	☐	☐	☐
Tourists	☐	☐	☐	☐	☐
Undocumented immigrants	☐	☐	☐	☐	☐
Women in rural areas	☐	☐	☐	☐	☐

2. Which of the following groups or communities would you identify as groups whose needs are unmet (not being addressed by services and funding) by the VAWA programs?
Please rank the top three choices, i.e., 1, 2 & 3.   The sum of the numbers entered must equal 6.

Ethnic or cultural minorities ___

Incarcerated survivors ___

Older adults ___

People with disabilities ___

People with mental health needs ___

People with substance abuse concerns ___

Sex industry workers ___

Teens ___

Tourists ___

Undocumented immigrants ___

Women in rural areas ___

3. Which of the following will you consider as emerging areas of concern? (Check all that apply)

☐ Cyber stalking

☐ Teen dating

☐ Violence on cruise ships

☐ Violence in public parks or facilities

☐ Women in the military

☐ Other, please specify

4. Rate the extent of emphasis that VAWA funding should place on each of these service categories.

	Strongly in need of more emphasis	Need more emphasis	Sufficiently emphasized	Don't Know
Courts	☐	☐	☐	☐
Direct services	☐	☐	☐	☐
Law enforcement	☐	☐	☐	☐
Legal service	☐	☐	☐	☐
Medical service	☐	☐	☐	☐
Prosecution	☐	☐	☐	☐
Public education and outreach	☐	☐	☐	☐

5. Currently how likely is it for a VAWA funded program to achieve the following characteristics?

	Very Likely	Likely	Unlikely	Very Unlikely	Don't Know
Client centered services	☐	☐	☐	☐	☐
Cultural competency	☐	☐	☐	☐	☐
Fiscal accountability	☐	☐	☐	☐	☐
Physical accessibility	☐	☐	☐	☐	☐
Provision of coordinated services	☐	☐	☐	☐	☐
Service accountability	☐	☐	☐	☐	☐
Sustainability	☐	☐	☐	☐	☐

6. How have the following factors prevented VAWA programs from achieving these characteristics?

	Very Significantly	Significantly	Neutral	Insignificantly	Very Insignificantly
Insufficient funding	☐	☐	☐	☐	☐
Lack of qualified staff	☐	☐	☐	☐	☐
High staff turn-over	☐	☐	☐	☐	☐
Burn-out	☐	☐	☐	☐	☐
Inadequate pay	☐	☐	☐	☐	☐
Lack of collaboration among agencies	☐	☐	☐	☐	☐
Labor intensive reporting requirements	☐	☐	☐	☐	☐

7. How much do you believe the following modifications or initiatives will facilitate the success of VAWA programs?

	Very Likely	Likely	Unlikely	Very Unlikely	Don't Know
Evaluate program performance to demonstrate outcomes	☐	☐	☐	☐	☐
Require collaborations among service providers	☐	☐	☐	☐	☐
Streamline the program reporting system	☐	☐	☐	☐	☐
Provide technical assistance to help program succeed	☐	☐	☐	☐	☐
Increase physical accessibility	☐	☐	☐	☐	☐
Improve cultural competency	☐	☐	☐	☐	☐

8. Based on your experience, please briefly describe the best practice approaches that work well with your client population?

   1. _____

   2. _____

   3. _____

9. What are the three key factors that contribute to the success of your program?

   1. _____

   2. _____

   3. _____

10. How would you rate the level of collaboration among VAWA service providers in your county or city?

☐ Too much, need to scale down

☐ Just right

☐ Not enough, need more

☐ None

☐ Don't know

11. To what extent, are the following challenges for your program?

	Major challenge	Minor challenge	Not a challenge
Inadequate Budget	☐	☐	☐
High turn over of staff	☐	☐	☐
Staff development	☐	☐	☐
Cultural competency	☐	☐	☐
Physical accessibility	☐	☐	☐
Availability of services nearby	☐	☐	☐
Client's fear of the justice system	☐	☐	☐
Client's fear of the service system	☐	☐	☐

12. Please use the space below to offer any additional comments related to future VAWA service priority:

13. Service categories that best describe your agency (Check all that apply):

☐ Courts

☐ Direct services

☐ Law enforcement

☐ Legal service

☐ Medical service

☐ Prosecution

☐ Public education and outreach

☐ Other, please specify

Optional Info:

To maintain anonymity in accessing this survey, no personal information is collected. However, if you are willing to provide us the basic agency and contact information for further contact, if necessary; please complete the following questions. Again, all information collected is treated as confidential and answering the following questions is strictly optional.

14. **Optional**: Agency and Contact Information

Agency	
Zip Code	
Phone	
E-mail address	
Name and agency title of contact person	

15. **Optional**: (Recommended Contact) Could you recommend any VAWA grantees whom you believe we should contact for this survey? Please provide name, agency, phone number, and e-mail. You may also directly forward this web link to the recommended agencies.

CA VAWA Service Priority Survey 2007

You have chosen not to take the survey. Please reconsider taking the survey. Your response will greatly be appreciated.

Take Survey

Thank You,
VAWA Service Priorities Study

Appendix C2

Summary of Service Providers Web-Survey Findings:

List of Tables

Appendix C2
Summary of Service Providers Web-Survey Findings:

A total of 170 VAWA grantees or service providers were contacted through e-mails. Among them, 15 e-mail addresses were either no-longer-in-use, non-deliverable, duplicated addresses or the recipients had moved. Five additional contacts were recommended by the respondents. At the end, a total of 53 completed and usable responses were collected resulting in a response rate of 34% out of the 170. Quantitative and qualitative analyses of these responses produced 12 major findings which are listed below. Detailed tabulation of responses for each of the questionnaire questions (Appendix C1) including summary of qualitative responses are listed in Appendix C2.

1. **Underserved Populations (Women)**. *Undocumented immigrants, people with mental health needs, incarcerated survivors, people with disabilities, and people with substance abuse concerns* are the most underserved groups. Teens and ethnic and cultural minorities are significantly underserved but relatively, they are not considered as very significantly underserved.
2. **Needs Unmet Populations (Women)**. *Undocumented immigrants, ethnic or cultural minorities, people with mental health needs, older adults, and women in rural areas* are the top groups whose needs are unmet.
3. **Emerging Areas of Concerns.** *Cyber stalking, teen dating, and women in the military* are emerging areas of concerns.
4. **Funding Focuses.** *Direct service, education and outreach as well as legal services* are rated to be the areas that need VAWA funding emphasis.
5. **Program Characteristics.** Most VAWA providers believe that they are providing *client-centered and culturally competent services* that are fiscally and programmatically sound.
6. **Barriers for Program Success.** *Insufficient funding, inadequate pay, reporting requirements, and staff turn over* are cited as the major barriers for program success.
7. **Modifications.** Providing *technical assistance and streamlining program reporting* are areas that would facilitate program success.
8. **Best Practices.** *Client-Centered and Personal Approaches, Culturally Competent Practice,* and *Case Management* that emphasize *individualized, non-judgmental approaches* with a focus on *safety* are found to be "best practices" among respondents.
9. **Factors for Program Success.** Factors for success are *Quality of Staff, Collaboration, Training and Technical Assistance*, *Positive Characteristics of Programs,* and *Organizational Support*.
10. **Collaboration among Providers.** While almost half of the respondents believe the amount of collaboration is about right, equal numbers of respondents believe more collaboration is needed.
11. **Challenges.** Inadequate budget, client's fear of the justice and service systems, and staffing related issues are the major challenges for programs.
12. **Additional Comments.** The need for increased ***funding*** (to hire professional staff, serve the needs of immigrant and trafficked women, address the issues of financial dependence and employment needs of victims) emerged as the resounding theme of the 19 narrative responses to the request for *Additional Comments*.

Q1: **Which of the following groups or communities would you identify as populations that currently are significantly under-served (i.e., insufficient services and funding to meet the needs) by the VAWA programs?**

Table C2.1A: Ranking of Underserved Groups by Frequency and Percentage

Q1. Ranking of Underserved Groups	(VS) Very Significantly	Ranking (VS)	Significantly (S)	Ranking (S)	Combined (VS+S)	Total responses	(VS+S)/n%	Ranking (VS+S)	% of (N=53) Respondents selected this item (n/N)
Undocumented immigrants	26	1	14	9	40	53	76%	1	100%
People with mental health needs	22	2	17	8	39	51	76%	2	96%
Incarcerated survivors	18	3	19	7	37	53	70%	8	100%
People with disabilities	17	4	21	5	38	52	73%	6	98%
People with substance abuse concerns	16	5	21	6	37	50	74%	5	94%
Ethnic or cultural minorities	15	6	24	2	39	53	74%	4	100%
Older adults	12	7	23	4	35	53	66%	9	100%
Sex industry workers	12	8	13	10	25	49	51%	10	92%
Teens	11	9	29	1	39	52	75%	3	98%
Women in rural areas	11	10	24	3	35	48	73%	7	91%
Tourists	0	11	9	11	9	48	19%	11	91%

Table C 2.1A-S: Summary Based on Frequency and Percentage

Top 5 Underserved Groups					
Ranking	1	2	3	4	5
Very Significantly	Undocumented immigrants (26)	People with mental health needs (22)	Incarcerated survivors (18)	People with disabilities (17)	People with substance abuse concerns (16)
Significantly	Teens (29)	Ethnic or cultural minorities (24)	Women in rural areas (24)	Older adults (23)	People with disabilities (21)
Overall Underserved (VS+S)	*Undocumented immigrants (53)*	*People with mental health needs (51)*	*Teens (52)*	*Ethnic or cultural minorities (53)*	*People with substance abuse concerns (50)*

Table C2.1B: Ranking of Underserved Groups by Assumed Scores
[Assumed Scores: If VS=5, and S=4, the underserved score (USR) is therefore: USR=(VS)(5)+(S)(4)]

Q1. Ranking of Underserved Groups	(VS) Very Significantly	VS Score	Ranking	Significantly (S)	S Score	Ranking	USR Score (VS + S) Score	Ranking
Undocumented immigrants	26	130	1	14	56	7	186	1
People with mental health needs	22	110	2	17	68	6	178	2
Ethnic or cultural minorities	15	75	6	24	96	2	171	3
Teens	11	55	8	29	116	1	171	3
People with disabilities	17	85	4	21	84	4	169	4
Incarcerated survivors	18	90	3	19	76	5	166	5
People with substance abuse concerns	16	80	5	21	84	4	164	6
Older adults	12	60	7	23	92	3	152	7
Women in rural areas	11	55	8	24	96	2	151	8
Sex industry workers	12	60	7	13	52	8	112	9
Tourists	0	0	9	9	36	9	36	10

Table C.2.1B-S: Summary Based on Assumed Scores

	Top 5 Underserved Groups				
Ranking	1	2	3	4	5
Very Significantly	Undocumented immigrants (130)	People with mental health needs (110)	Incarceratd survivors (90)	People with disabilities (85)	People with substance abuse concerns (80)
Significantly	Teens (116)	Ethnic/cultural minorities (96)	Older adults (92)	People with disabilities (84)	Incarcerated survivors (76)
		Women in rural areas (96)		People with substance abuse concerns (84)	
Overall Underserved (VS+S)	*Undocumented immigrants (186)*	*People with mental health needs (178)*	*Ethnic or cultural minorities (171)*	*People with disabilities (169)*	*Incarcerated survivors (166)*
			Teens (171)		

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Two ways to analyze the same data:

Table C2.1A-S: Summary Based on Frequency and Percentage

	Top 5 Underserved Groups				
Ranking	1	2	3	4	5
Very Significantly	Undocumented immigrants (26)	People with mental health needs (22)	Incarcerated survivors (18)	People with disabilities (17)	People with substance abuse concerns (16)
Significantly	Teens (29)	Ethnic or cultural minorities (24)	Women in rural areas (24)	Older adults (23)	People with disabilities (21)
Overall Underserved (VS+S)	*Undocumented immigrants (53)*	*People with mental health needs (51)*	*Teens (52)*	*Ethnic or cultural minorities (53)*	*People with substance abuse concerns (50)*

Table C.2.1B-S: Summary Based on Assumed Scores

	Top 5 Underserved Groups				
Ranking	1	2	3	4	5
Very Significantly	Undocumented immigrants (130)	People with mental health needs (110)	Incarcerated survivors (90)	People with disabilities (85)	People with substance abuse concerns (80)
Significantly	Teens (116)	Ethnic/cultural minorities (96) / Women in rural areas (96)	Older adults (92)	People with disabilities (84) / People with substance abuse concerns (84)	Incarcerated survivors (76)
Overall Underserved (VS+S)	*Undocumented immigrants (186)*	*People with mental health needs (178)*	*Ethnic or cultural minorities (171)* / *Teens (171)*	*People with disabilities (169)*	*Incarcerated survivors (166)*

Summary:
- Both analyses (frequency/percentage and assumed score) come up with similar results:
  - The very significantly underserved women groups are:
    1. Undocumented immigrants
    2. People with mental health needs
    3. Incarcerated survivors
    4. People with disabilities
    5. People with substance abuse concerns
  - Significantly underserved groups (women) are:
    1. Teens
    2. Ethnic and cultural minorities

3. Older adults
4. People with disabilities
5. People with substance abuse concerns
6. Incarcerated survivors
- Overall underserved groups are:
    1. Undocumented immigrants
    2. People with mental health needs
    3. Ethnic and cultural minorities
    4. Teens
    5. People with disabilities
    6. Incarcerated survivors

- Survey data reflect that **undocumented immigrants** and **people with mental health needs** are the two most significantly underserved groups.
- **Ethnic and cultural minorities** as well as **teens** are the significantly, but not very significantly, underserved groups.
- **People with disabilities, incarcerated survivors, people with substance abuse concerns,** and **older adults** are commonly considered as underserved.
- All of the 11 identified groups are chosen by 91% to 100% of the 53 respondents as underserved groups. Although some are not selected as the top underserved group, all of the groups, except tourists, are selected by 51% to 76% respondents as significantly or very significantly underserved.

Q2. **Which of the following groups or communities would you identify as groups whose needs are unmet (not being addressed by services and funding) by the VAWA programs?**
Please rank the top three choices, i.e., 1, 2 & 3.   The sum of the numbers entered must equal 6.

Table C 2.2: Unmet Needs

Q2. Unmet needs	Ranked #1 Choice	Ranked #2 Choice	Ranked #3 Choice	Total
Undocumented immigrants	15	5	5	30
Ethnic or cultural minorities	7	5	10	22
People with mental health needs	6	10	3	19
Older adults	6	7	6	19
Women in rural areas	7	8	3	15
Teens	7	3	4	14
People with substance abuse concerns	4	6	3	13
People with disabilities	4	1	6	11
Sex industry workers	3	3	5	11
Incarcerated survivors	2	2	2	6
Tourists	1	0	1	2

Summary:
- Undocumented immigrants have the most needs that are unmet. They are identified by 30 respondents and ranked as the number 1 choice 15 times.
- Ethnic and Cultural minorities are second (22 respondents and among them, 7 ranked this group as the first choice).
- Due to the characteristics of these two groups, there may be some overlapping or interaction in the selection of answers. Respondents may be increasingly or aversively checking the ethnic minority group after picking the undocumented immigrants group.
- People with mental health needs (19 respondents), older adults (19 respondents), women in rural areas (15 respondents), and teens (14 respondents) are second sets of groups whose needs are unmet.
- Although incarcerated survivors are ranked high as an underserved group, their needs are not highly considered as unmet.

Q3. **Which of the following will you consider as emerging areas of concern? (Check all that apply)**

Table C2.3: Emerging Concerns and Categories

Q3. Emerging Concerns and Categories	Total	% (N=53)
1. Cyber Stalking	41	77%
2. Teen Dating	34	64%
3. Women in Military	25	47%
4. Violence in Public Parks or Facilities	10	19%
5. Others	10	19%
6. Violence on Cruise Ships	6	11%

Summary of Other Narrative Responses
- The particular unmet/underserved needs of immigrant women including domestic violence and immigrant sensitive employment/vocational services that are directly related to helping victims gain financial independence necessary to break free of abusive relationships. This emerging area of concern highlights the needs of undocumented, non-English speaking victims as well.
- Human trafficked victims (sex and labor).
- The lack of mental health care and particular concerns related to domestic violence prosecution.

Q4. **Rate the extent of emphasis that VAWA funding should place on each of these service categories.**

Table C2.4: Areas of Emphasis for Funding

Q4 Areas of Emphasis for Funding	Strongly Need Emphasis (SN)	Need More Emphasis (N)	Combined (SN+N)	Total Responses	% of responses for this item
Direct Service	35	11	46	53	86%
Public Education and Outreach	24	23	47	53	88%
Legal Service	23	20	43	52	83%
Law Enforcement	16	19	35	52	66%
Prosecution	17	16	33	51	64%
Medical Service	15	16	31	51	60%
Courts	0	18	18	29	62%

Summary:
- Many believe that direct services (46/53, 86%), public education/outreach (47/53, 88%), and legal services (43/52, 83%) should be the main emphases for funding.
- These are followed by law enforcement, prosecution, medical services and courts.
- Direct service (35 /53) is identified as the area that strongly needs funding emphasis.

Q5. **Currently how likely is it for a VAWA funded program to achieve the following characteristics?**

Table C2.5: Characteristics Achieved

Q5. Characteristics achieved	Very Likely	Likely	Combined	Total	%
Client Centered Services	24	22	46	51	90%
Service Accountability	18	27	45	52	87%
Culturally Competent	14	28	42	52	81%
Fiscal Accountability	19	21	40	52	77%
Provision of Coordinated Services	15	27	42	51	82%
Physical Accessibility	10	28	38	50	76%
Sustainability	7	22	29	51	57%

Summary:
- Majority of the respondents believe that they are able to provide client centered (46/51, 90%) and culturally competent services (42/52, 81%) that are both fiscally (40/52, 77%) and programmatically (45/52, 87%) accountable as well being provided in a coordinated (42/51, 82%) manner and in physically accessible (38/50, 76%) facilities.
- However, only a little over half of them (29/51, 57%) have confidence in the sustainability of their programs.
- Providers believe that their VAWA funded programs are doing a fine job in providing quality services, most significantly client-centered services; however they do not know how long they can continue in this way.

Q6: **How have the following factors prevented VAWA programs from achieving these characteristics?**

Table C2.6: Factors Preventing Success

Q6. Factors prevent success	Very Significantly	Significantly	Combined	Total	%
Insufficient Funding	41	8	49	54	91%
Inadequate Pay	31	13	44	53	84%
Labor Intensive reporting Requirements	11	23	34	52	65%
High Staff Turnover	14	18	32	52	62%
Burnout	13	15	28	51	54%
Lack of Qualified Staff	12	13	25	51	49%
Lack of Collaboration	10	15	25	53	45%

Summary:
- Overwhelmingly, insufficient funding (49/54, 91%) and inadequate pay (44/53, 84%) are identified as the core concerns.
- Coupled with labor intensive reporting requirements (34/52, 65%) and high staff turn-over rates (32/52, 62%), many have experienced burnout (28/51, 54%) and are dealing with the lack of qualified staff (25/51, 49%).
- Lack of collaboration (25/53, 45%) is also cited as a concern.

Q7. **How much do you believe the following modifications or initiatives will facilitate the success of VAWA programs?**

Table C2.7: Modifications Needed

Q7. Modification needed	Very Likely	Likely	Combined	Total	%
Provide Technical Assistance	19	27	46	52	89%
Streamline Program Reporting	25	20	45	52	86%
Improve Cultural Competency	21	24	45	54	83%
Require Collaborations Among Service Providers	12	22	34	52	65%
Increase Physical Accessibility	11	22	33	53	63%
Evaluate Programs	7	26	33	53	62%

Summary:
- Programs welcome the availability of technical assistance (46/53, 89%).
- Improvement in cultural competency (45/52, 86%) and streamlining program reporting (45/54, 83%) are the two areas of modifications and initiatives that are believed to be the most likely (25/52, 21/54) to facilitate program success.
- Although requiring collaboration, increasing physical accessibility, and doing program evaluation are not the most likely (12/52, 11/53, 7/53) areas of concerns, they are considered as likely factors (22/52, 22/53, 26/53) that facilitate program success.

Q8. **Based on your experience, please briefly describe the best practice approaches that work well with your client population?**

Table C2.8: Best Practices

First Choice:
- Respondents identified the quality of the interactions and approaches to working with their clients as the best approaches. They include *face-to-face, personal and regular contacts* with *open, honest and empathic interactions by the kind, caring and accepting staff* that employed *client centered/strengths-based approaches*.   - Cultural competency was viewed as a significant element of a 'best practice". It includes c*ulturally competent staff*, *bi-lingual staff and programming* and an *immigrant victim-centered model*.
Second Choice
- Responses for the second "best practice" echoed responses for the first entries. The quality of the approach to working with clients emerged as the most significant. An empowerment/client centered approach was identified three times while one-on-one approach was indicated twice.   - Cultural competency again emerged as a "best practice".
Third Choice
- The "best practices" identified in the third entry again reflected the significance of culturally competent services to have bilingual staff and programming, diverse staff, and reduction of barriers to serving culturally diverse populations.   - The use of frequent *case management services* that are *individualized, non-judgmental* and *focus on safety* were identified by respondents as an effective "best practice".

Overall Summary:

Across the three choice options in which respondents identified "best practice" approaches, *client-centered and personal approaches* and *cultural competent practice* emerged as the most significant and overall best practice approach. *Case Management* that emphasizes *individualized, non-judgmental* and *safety* was also found to be a "best practice" among respondents.

Q9. **What are the three key factors that contribute to the success of your program?**

Table C2.9: Key Factors for Success

First Choice Factors:
- By far, the most significant factor in program success was the *quality of the staff*. Twenty-two references to the importance of the quality of staff were evident. Characteristics as dedicated, well trained, kind, caring, competent emerged as significant.   - Collaboration was identified as the second most frequent entry. Collaboration between agencies, team work and collaborative efforts in the field were cited by respondents.
Second Choice Factors:
- Once again the quality of staff emerged as the most frequently identified factor for program success. Similar characteristics were identified and included high professional/ethical standards, and dedicated and diverse staff.   - Two themes emerged as the second most frequently identified factors for success: *Training and Technical Assistance* and *Characteristics of the Program.* Respondents identified trainings as important factors in program success. Program characteristics included a range of qualities such as small caseloads, client centered services, language access and community based services.
Third Choice Factors:
- Collaboration emerged by far as the most significant factor for success in the third entry. Fifteen responses cited a form of collaboration with other agencies, programs, with workers, and clients.   - Organizational support emerged as significant factor in program success. Meaningful factors cited by respondents were qualities such as strong leadership, strategic planning and regular meetings.

Overall Summary:

By far the most significant key factor for success was *Quality of Staff (32)*. The importance of kind, compassionate, dedicated, ethical, well-trained and experienced staff was cited by respondents. *Collaboration (22)* was the second most frequently identified key factor while *Training and Technical Assistance (8)*, *Characteristics of Program (8),* and *Organizational Support (8)* emerged as significant to success.

Q10. How would you rate the level of collaboration among VAWA service providers in your county or city

Table C2.10: Level of Collaboration

Q10. Level of Collaboration	Responses	% N=55
Too much, need to scale down	**0**	**0%**
Just right	**24**	**44%**
Not enough, need more	**22**	**40%**
None	**2**	**4%**
Don't know	**8**	**15%**

Summary:
About half (44%, 24/55) of the respondents believe the level of collaboration is about right, while 40% (22/55) think it is not enough and 4% report that is no collaboration.

Q11. To what extent, are the following challenges for your program?

Table C2.11: Challenges

Q11: Challenges N=55	**Major challenge**	**Minor challenge**	**Maj &Min Challenge**	**Not a challenge**
Inadequate Budget	80% (44)	13% (7)	93% (51)	7% (4)
Client's fear of the justice system	69% (38)	25% (14)	94% (52)	5% (3)
High turn over of staff	33% (18)	42% (23)	75% (41)	25% (14)
Client's fear of the service system	29% (16)	51% (28)	80% (44)	20% (11)
Staff development	27% (15)	51% (28)	78% (43)	22% (12)
Availability of services nearby	24% (13)	31% (17)	55% (30)	45% (25)
Physical accessibility	15% (8)	45% (25)	60% (33)	40% (22)
Cultural competency	13% (7)	58% (32)	71% (39)	29% (16)

Summary
- Inadequate budget and client's fear of the justice system are the two key challenges for programs.
- Other general challenges include high turn over rate, client's fear of the service system, and staff development issues.

Q12. Additional Comments

Overall Summary Comment for Question 12

The resounding theme of the 19 narrative responses to the request for *Additional Comments* is that of *funding.* Respondents indicate that there is an ongoing need to fund direct services with particular emphasis on the ability to hire professionally trained and/or licensed staff or add positions to address the growing needs for services.

Funding for programming to serve the needs of immigrant and trafficked women is also noted as a concern. Similarly, there is a need for increased funding to address the issues of financial dependence and employment needs of victims.

The following comments illustrate the needs for continued and increased funding to support programming.

Domestic violence direct service agencies are severely under-funded and many, especially the smaller programs, struggle to keep their doors open each year. They are forced to pay below living-wage salaries resulting in high turn-over and under-qualified staff. I think funding is the number one barrier to quality services. It is especially difficult to find quality bilingual staff with wages almost half of county wages.

This would not be new news to you, we clearly need more funding. I am not educated as to the specifics of VAWA funding, however I do believe that we cannot continue to expect so much of agencies such as mine, serving over 450 square miles, over 2 million individuals of all ages with a high number of undocumented and low income individuals.....

There are needs for funding to aid in the expansion of capacity to serve immigrant populations, trafficked women and domestic violence sensitive employment services. The following comments are descriptive of such concerns:

The existing community-based network of services for survivors of violence against women needs more support in their capacity to address unmet needs, such as broaden domestic violence shelter ability/capacity to assist trafficked women, non-English speaking immigrants, etc., In addition, there are many unfunded community-based services addressing violence against women that need support. One great idea would be to fund partnerships between existing community-based VAWA services and grassroots community based orgs., (i.e., a domestic violence shelter and an ethnic community center with a domestic violence component).

The largest challenge is being able to effectively address a victim's belief that they have no other alternative than to return to their abusive relationship because they are financially dependent on their abuser and do not believe they can take care of their children, "like a good mom", without his support. For this reason, despite all the legal services we are able to provide to victims (legalizing their immigration status, obtain restraining order, secure custody rights), victims will not take any legal action—especially criminal action—against their abuser as long as they remain financially dependent on him.

Special attention needs to be paid to those who were victimized in their home countries but could find no relief there and who are now here—great mistrust of any authority figure and, in general, more susceptible to revictimization/retruamatization.

Acknowledgements